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Final Report to Manchester Cancer Improvement Project Board

Scoping the cancer-specific learning and development needs of clinical and non-clinical staff working in primary, community and palliative care across the city of Manchester

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Executive Summary

This report is intended for Macmillan Cancer Improvement Partnership (MCIP) and stakeholder/partner organisations who are seeking to understand the cancer-specific learning and development needs of the clinical and non-clinical workforce in primary, palliative and community care across the city of Manchester. This evidence will inform MCIP in commissioning and providing learning and development opportunities that meet the needs of the workforce to deliver improved care to people affected by cancer (PABC).

Cancer care is provided by a range of clinical and non-clinical staff at all levels working across different service environments as members of multi-professional/disciplinary teams. Patient experience surveys reveal that there is a wide variation in the levels and standards of support received in terms of early recognition of signs of cancer, early referral and subsequent support offered during and post-diagnosis. Appropriate reviews in primary and community care are needed to meet the rehabilitation and survivorship agendas, as well as improvements in palliative/end of life care to support patients and their carers, and give people approaching the end of life choice about where they would like to be cared for and to die.

The delivery of contemporary cancer, palliative and end of life care therefore requires clinical and non-clinical staff to have an understanding of a range of evidence-based knowledge surrounding cancer, its treatment and care strategies along the cancer pathway. In addition, sophisticated clinical decision-making is required in order to achieve a high standard of holistic patient and family care throughout the cancer trajectory and individual patient pathway. Furthermore, the drive towards the integration of patient services requires practitioners who are able to function and innovate across clinical boundaries.

This project aimed to:

- Increase understanding of the current workforce in primary, community and palliative care services across Manchester who contribute to the care of people affected by cancer by illuminating the range of organisations/services, workforce and staff roles involved
- Understand the level of awareness, knowledge and skills about cancer/cancer care, the preparation to deliver cancer care (including the factors which form a ‘good’ patient experience), and the learning and development needs of the workforce
- Analyse the cancer-specific learning opportunities across Manchester, regionally and nationally, and make recommendations to meet the workforce needs.

Over a period of five months, the project team achieved the projects aims and objectives using various methods of data collection and analysis including:

- Mapping of primary, community and palliative care services delivering cancer care
- Telephone interviews with Practice Managers, organisational and service leads
- A focus group with people affected by cancer
- Review of existing evidence to identify minimum outcomes for workforce groups and to develop a Cancer-specific Learning Needs Analysis Questionnaire targeted at organisations, services and individual workforce members
- A survey of organisations
- A survey of individual staff representing workforce groups
- Review of education/learning opportunities focused on early diagnosis, communication, acute oncology, survivorship/rehabilitation, palliative and end of life care.

Recommendations

To enhance the delivery of cancer care within primary, palliative and community services across the city of Manchester, MCIP and partner/stakeholder organisations should:

- **Consider** the bespoke five-year 'Cancer-specific Learning & Development Minimum Standard' proposed in Table A. For recommendation to MCIP Board.

- **Consider** a five-year implementation plan – for the duration of the MCIP Programme year 1 (2015) as a foundation and years 2-5 (post MCIP 2016-2019) to meet the minimum standard (Table A) of 75% of workforce by 2019. For recommendation at MCIP Board.

- **Consider** a minimum standard of learning and development for the workforce groups identified (Administrative and Reception staff, Unregistered Support Workers in Health and Social Care, Registered Professionals in Health and Social Care) (Table A). For recommendation to MCIP Board.

- **Consider** the minimum learning and development outcomes to be achieved by each workforce group proposed in Tables B-F (Column 2) and Appendices 5-6, Tables 10-19.

- **Consider** the learning and development opportunities proposed for each workforce group in the 'learning and development summary profiles' (Appendix 6, Tables 15-19) aiming to ensure that each workforce group develops their knowledge and skills, to the minimum level identified, and addresses any gaps in the following five areas:
    - Early diagnosis
    - Acute oncology
    - Survivorship
    - Palliative/end of life care
    - Communication.

  This will ensure equity of access to the required learning and development opportunities with consistent achievement of the minimum learning outcomes for the workforce, whilst providing ease of commissioning and quality assurance by MCIP and partner/stakeholder organisations.

- **Consider** the recommendation that completion of the prescribed learning and development for each workforce group will lead to the achievement of a 'MCIP & City of Manchester Certificate for Cancer Care' – a passport for:
    - The workforce member to demonstrate achievement of the minimum operating standard for cancer learning and development to employers/potential employers reducing the potential for repeat learning
    - The workforce member to demonstrate personal/continuing professional development to employers and, if appropriate, professional bodies
    - MCIP and partner/stakeholder organisations to review/monitor progress of the workforce development and achievement of the minimum standard against any key performance indicators.

- **Consider** a process for evaluation, including identifying key performance indicators, to demonstrate return on investment and enhanced care for PABC across Manchester. For recommendation to MCIP Board.

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1.0 Overview

To ensure the best cancer care possible is provided across Manchester, a commissioning-led approach to redesigning cancer care has been developed by the Macmillan Cancer Improvement Partnership (MCIP) in Manchester, working with health and social care organisations across the city and funded by Macmillan Cancer Support. Increasing the cancer-specific knowledge, skills, and awareness of clinical and non-clinical staff working in primary, community and palliative care is part of this ambitious service redesign. This will be achieved through identifying learning needs and implementing solutions to bridge the existing gaps, as well as delivering new and enhanced learning and development opportunities for the identified workforce groups.

A Learning and Development Needs Scoping Project was undertaken to achieve the expected outcomes which included a matrix identifying the following information per staff group:

- Numbers of staff roles within each workforce group across primary, community, palliative and end of life care
- Current level of cancer-specific skills and knowledge across each workforce group
- Required skills and knowledge to deliver improved cancer care
- Skills and knowledge gaps
- Numbers of staff requiring learning and development interventions
- Essential learning and development interventions required and where possible, including proposed training method
- Recommendations on delivery mechanisms and resources required including personnel and financial
- An outline delivery and implementation plan including time frames.

2.0 Background

Cancer, palliative and end of life care are national priorities (DH 2000; 2008; 2011a). Cancer is a major cause of morbidity and mortality with incidence continuing to rise in the UK (Cancer Research UK (CRUK), 2014). More than 331,000 people were diagnosed with cancer in the UK in 2011 equating to approximately 524 cases per 100,000 population (CRUK, 2014). By 2030, it is predicted that the number of cancer cases in men will rise by more than 50% to over 236,000, whereas cancer cases among women are forecast to increase by 37% (CRUK, 2014).

A study of newly diagnosed cancer patients showed that 23% presented as emergencies and that, for almost all cancer types, one-year survival rates were much lower for patients presenting as emergencies than for those presenting via other routes (National Cancer Intelligence Network Data Briefing, 2010). Early detection and diagnosis are needed but delays are still evident (Royal College of General Practitioners, 2011). Cancer is often considered to be a life-limiting illness but is increasingly viewed as a long-term condition. Approximately 1.8 million people in England are currently living with a diagnosis of cancer. This number is increasing by over 3% per annum with the total projected to rise to over 3 million by 2030. Evidence indicates that many of these cancer survivors have unmet needs particularly at the end of treatment, whilst others are struggling with the consequences of treatment that could either be avoided or managed (National Cancer Survivorship Initiative 2013). Involving people affected by cancer (PABC) in their care and rehabilitation is also viewed as a crucial component for the development of cancer services in the future (DH 2011a). Demographic statistics show increasing numbers of older people in the population. By 2031, 26% of the population will consist of individuals over 65 years, with those over 80 years comprising 8.2%. The ageing population profile points not only to an increasing incidence of cancer in the future, but also to an increase in cancer in individuals who will be living with other chronic conditions. Healthcare services will need to respond creatively to the needs of this population, delivering care close to home, reducing inequalities and sustaining and improving health across diverse communities.

Cancer care is provided by a range of clinical and non-clinical staff at all levels working across different service environments as members of multi-professional/disciplinary teams. Patient experience surveys reveal that there is a wide variation in the levels and standards of support received in terms of early recognition of signs of cancer, early referral and subsequent support offered during and post-diagnosis. Appropriate reviews in primary and community care are needed to meet the rehabilitation and survivorship agendas, as well as improvements in palliative and end of life care to support patients and their carers, and give people approaching the end of life choice about where they would like to be cared for and to die (Macmillan Cancer Support, 2012; DH, 2008).

The requirement for advanced education and training was identified within The NHS Cancer Plan (DOH, 2000) as an investment in the multi-professional team to achieve the vision for cancer services and to meet the standards documented within the Manual of Cancer Services Standards (DOH, 2000; 2011b). The over-riding concern of the current Government is to ensure that every person has the best possible cancer care from prevention, screening, early detection/diagnosis, through treatment, and including living with, and beyond, cancer (Department of Health, 2013). With an increasing emphasis on moving care away from hospitals and into the community, it is also essential to understand and improve patient experience outside hospitals. Factors identified as important by patients for a ‘good patient experience’ were high quality communication with informed staff, meaningful involvement in treatment and care, and co-ordinated care between different care settings (Macmillan Cancer Support, 2013).

The delivery of contemporary cancer, palliative and end of life care therefore requires clinical and non-clinical staff to have an understanding of a range of evidence-based knowledge surrounding cancer, its treatment and care strategies along the cancer pathway. In addition, sophisticated clinical decision-making is required in order to achieve a high standard of holistic patient and family care throughout the cancer trajectory and individual patient pathway. Furthermore, the drive towards the integration of patient services requires practitioners who are able to function and innovate across clinical boundaries.

This project aimed to:

- Increase understanding of the current workforce in primary, community and palliative care services across Manchester who contribute to the care of PABC by illuminating the range of organisations/services, workforce and staff roles involved
- Understand about the level of awareness, knowledge and skills about cancer/cancer care, the preparation to deliver cancer care (including the factors which form a ‘good’ patient experience), and the learning and development needs of the workforce
- Analyse the cancer-specific learning opportunities across Manchester, regionally and nationally, and make recommendations to meet the workforce needs.

3.0 Methodology

The objectives were to:

- Undertake an analysis of the workforce, in primary (including out of hours), community and palliative care across the city of Manchester that identifies the numbers of staff in different roles and their current cancer-specific knowledge and skills
- Gain a clear understanding of the various roles different workforce groups play in the delivery of services to PABC and their cancer-specific learning to date
- Develop a cancer-specific learning needs analysis for the clinical and non-clinical workforce

- Undertake a gap analysis which considers what learning and development is already available for each staff group and make recommendations regarding the implementation of new/enhanced learning and development opportunities
- Identify key stakeholders in the provision of cancer education across the city of Manchester
- Provide an outline of learning interventions and resources already available/commissioned from different providers, including Macmillan Cancer Support, that could be accessed to bridge the learning and development gaps identified.

The project plan and key milestones (Appendix 1) demonstrate that the project objectives were achieved in five months.

The project team used the following data collection methods and analysis to generate the qualitative and quantitative data required to achieve the project objectives.

3.1 Mapping of primary, community and palliative care services delivering cancer care:

To undertake an analysis of the workforce in primary (including out of hours), community and palliative care across the city of Manchester that identifies the numbers of staff in different roles and their current cancer-specific knowledge and skills (Objective 1) we initially used the cancer pathway, including prevention, health promotion, screening, diagnosis, treatment, rehabilitation/survivorship and palliative care stages, to identify and gain an overview of the organisations/services currently involved in cancer care delivery. Mapping was undertaken during month 1 of the project and enabled the project team to:

- Describe organisations/services in terms of the size of the population within Manchester
- The point(s) during the cancer pathway at which the organisation/service provides care
- How the organisation/service linked with other organisations/services, and the number of cases referred/cared for per annum of people affected by cancer.

This analysis of organisations/service providers was used to identify a preliminary list of the workforce groups and staff roles involved in cancer care delivery. In addition, key contacts were identified in each organisation/service. The key contacts enabled the project team to recruit a sample of Service Managers/Leads for a telephone interview (n=11) and to assist with the distribution of an online link to the organisational and cancer-specific learning needs analysis questionnaire discussed below.

3.2 Telephone interviews

To gain a clear understanding of the various roles that the different workforce groups play in the delivery of services to PABC and their specific learning to date (Objective 2) the project team conducted telephone interviews during month 2 with key contacts/Practice/Service Managers/Leads from a purposive sample of the identified organisations/services (n=11 representing 4x Practice Managers, 1x Out of Hours, 2x Palliative Care Teams, 2x Cancer Information Centres, 1x Homecare Services team, 1x District Nursing team).

Organisations/services representing the spectrum of the cancer pathway were included in those sampled to enable the project team to gain a general overview of the ‘landscape’ including:

- Which workforce/staff groups are involved in the delivery of the cancer pathway?
- What are the staff roles and activities related to cancer pathway?

3.3 Survey of organisations/services

The workforce groups and staff roles identified from the telephone interviews were incorporated into different sections of the Cancer-specific Learning Needs Analysis Questionnaire. The organisational section was targeted at Practice/Service Managers and Leads in service/organisations across Manchester. Two hundred and forty (n=240) key contacts were emailed links to an electronic version of the questionnaire. In addition, n=2 paper versions of the organisational section of the questionnaire were distributed to key contacts without computer access. Of the 410 responses received in total, 40 identified themselves as the key contact for their organisation.

This organisational section of the questionnaire enabled the project team to address Objective 2 by characterising the workforce more precisely in terms of:

- Number of professional/workforce groups
- Number of staff roles within each workforce group
- Number of staff in the different roles
- The current level of cancer-specific knowledge and skills
- The cancer related education commissioned/funded by the organisation/service for individual staff and staff groups during last two financial years
- Any additional cancer related education or learning accessed by staff during last two financial years
- Any cancer related education/learning opportunities identified by the organisation/service as being required.

The project team used data accrued from this organisational questionnaire as part of the gap analysis (Objective 4). This included data relating to the learning/education opportunities commissioned by organisations/services for staff groups/individuals and any workforce learning needs.

3.4 Workforce survey

In addition to the organisational section of the Cancer-specific Learning Needs Analysis Questionnaire, individual workforce sections of the questionnaire were developed (Objective 3). As requested by MCIP workstream members, key contacts were asked to either forward the web link to the e-questionnaire or distribute paper copies of the questionnaire to the workforce within their organisations/services. Targeted at staff members in three workforce groups; Administrative and Reception, Unregistered Support Workers in Health and Social Care, and Registered Professionals in Health and Social Care, the individual workforce questionnaires helped the team to gain a clearer understanding of the various roles different workforce groups play in the delivery of service to people affected by cancer from the individual practitioner’s perspective and to identify their specific learning to date (Objective 2). The reliance on key contacts to distribute the web link or paper questionnaire to individual workforce members in the service/organisation means that it is not possible for the project team to know how many were circulated, only to record how many responses were returned.

The design of the Cancer-specific Learning Needs Analysis Questionnaire was informed by a review of existing evidence (discussed below) to set standards for ‘what needs to be learnt’ and aiming to identify from individual staff:

- The current level of cancer-specific skills and knowledge
- The required skills and knowledge to deliver improved cancer care including meeting any professional regulatory or role requirements
- Their perceived skills and knowledge gaps.

The Cancer-specific Learning Needs Analysis Questionnaire was targeted at specific staff groups within the primary, community and specialist palliative care workforce. Data accrued were analysed to compare the current level of cancer-specific awareness/learning of staff with the 'what needs to be learnt' standards to illuminate any gaps; this enabled the project team to make recommendations for future learning and commissioning (Objectives 3).

As identified above, the organisational questionnaire and the workforce group questionnaires were different sections of the Cancer-specific Learning Needs Analysis Questionnaire. This was initially developed as an online survey which enabled the project team to email one link to the key contacts within organisations/services for distribution to Manager/Service Leads and identified workforce groups. Distribution of the web link to the online survey took place during July-August with key contacts (or designated service lead) completing the organisational questionnaire section and specific workforce groups completing the relevant workforce section of the Cancer-specific Learning Needs Analysis Questionnaire. The project team set a deadline for completion and reminders were circulated via key contacts. A paper-based version of the Cancer-specific Learning Needs Analysis Questionnaire was developed in response to requests from services without access to computer facilities. These were distributed during September for completion by key contacts and workforce members. Data were inputted manually for extraction and analysis with the e-survey data.

3.5 Review of existing evidence

To develop the Cancer-specific Learning Needs Analysis Questionnaire for the clinical and non-clinical workforce (Objective 3), the team analysed existing evidence to identify the standards for 'what needs to be learnt' across the cancer pathway from policy, professional, and service user/PABC perspectives. This review focused on:

(i) Published reports of the experiences of PABC
(ii) National cancer policies and standards
(iii) Cancer education frameworks/competencies and professional curricula (Appendices 2,3,4, Tables 1-9).

Data relating to the performance of South, Central and North Manchester Clinical Commissioning Groups (CCGs) for meeting national cancer care/service standards were also reviewed to identify potential education/learning required to enhance performance. Combining this review of existing evidence with a recently completed analysis of evidence undertaken by the project lead which focused on cancer-specific and end of life outcomes for professional education curricula/competencies (Taylor, 2013; 2014), enabled the project team to propose standards for 'what needs to be learnt' (Appendices 5-6, Tables 10-14).

The project team also used this review and analysis of existing evidence to inform the development of interview themes for a focus group to be undertaken with PABC.

3.6 PABC focus groups

Whilst national reports detailing the experiences of PABC informed the development of the items within the Cancer-specific Learning Needs Analysis Questionnaire (Objective 3), the project team also included the views and perspectives of members of the local population to influence the changes to the provision of cancer care across Manchester envisaged by MCIP. A focus group was conducted to identify the experiences of PABC about the level of knowledge/awareness of cancer, cancer treatment, care and support among staff groups/service providers, and to identify their vision for the standard of care that service providers and the clinical/non-clinical workforce should aspire to. Thematic analysis of the interview data (Appendix 2) informed and confirmed the proposed 'what needs to be learnt' standards within the Cancer-specific Learning Needs Analysis Questionnaire. Participants (n=5) were recruited from local user partnership groups. This focus group was jointly facilitated with two PABC researchers recruited via Lancaster Research Partner Forum.

3.7 Review of education/learning opportunities available

To undertake a gap analysis which considers what learning and development is already available for each staff group and makes recommendations regarding the implementation of new/enhanced learning and development opportunities (Objective 4) the project team identified key stakeholders in the provision of cancer education across the city of Manchester (Objective 5) and also outlined the learning interventions and resources already available from different providers that could be accessed to bridge the learning and development gaps identified (Objective 6). To achieve these objectives, the project team undertook a desk based review to identify education/learning opportunities available locally, regionally and nationally which will help organisations/services and individual staff to meet the standards for ‘what needs to be learnt’ included in the Cancer-specific Learning Needs Analysis Questionnaire. This included university accredited provision, continuing professional development and workplace learning opportunities and also those opportunities using delivery methods including face-to-face teaching, blended learning and distance learning. Data relating to the education and learning opportunities commissioned by individual organisations/services and/or undertaken by individual staff are also incorporated from the analysis of the organisational and workforce sections of the Cancer-specific Learning Needs Analysis Questionnaire to enable comparison with the ‘what needs to be learnt’ standards. These learning and development opportunities (n=60) are summarised in Appendix 9. Individual training summary profiles for each learning and development opportunity were also developed. Analysed alongside the current commissioning for cancer-specific education by Health Education North West enabled the project team to identify gaps in the education/learning opportunities commissioned/available and to propose recommendations for future commissioning, delivery mechanisms and resources required for the identified workforce groups (Tables A-F, Appendix 6, Tables 15-19).

In addition, to provide the MCIP in Manchester with a matrix within this final report the project team have constructed a fieldwork template to record and direct MCIP to information including:

- Number of staff roles within each workforce group (page 15)
- Current level of cancer-specific skills and knowledge across each workforce group (Tables A-F, Appendix 7)
- Required skills and knowledge to deliver improved cancer care (Tables A-F, Appendices 5-6, Tables 10-19)
- Skills and knowledge gaps (Appendix 7)
- Numbers of staff requiring learning and development interventions - All workforce groups
- Essential learning and development interventions required and, where possible, proposed training method (Tables A-F, Appendix 6, Tables 15-19).

4.0 Findings

4.1 Survey of organisations/services:

As identified in the methodology (Section 3), MCIP and the respective workstreams requested that the project team worked with key contacts to distribute the Cancer-specific Learning Needs Analysis Questionnaire to individual workforce members. It is, therefore, not known how many individual members of the workforce received the questionnaire from the key contacts only the number of responses received. In order to develop an impression of the workforce composition and size, data from the telephone interviews, e-survey and paper survey responses have been collated and merged in Appendix 8.

4.2 Workforce Survey including:

- PABC focus group
- Review of existing evidence and development of Cancer-specific Learning Needs Analysis Questionnaire.

4.2.1 Rapid analysis of focus group held with people affected by cancer

The focus group consisted of four participants who have experience of cancer over the past five years. There were three women, two of whom had breast cancer and one who had cervical cancer. The one man in the group had prostate cancer. All had received treatment and, at the time of the focus group, were well. A fourth woman who wanted to attend the group but was unable to because she was having chemotherapy (type of cancer unknown), made a contribution via email. In general, it was difficult to maintain a focus on primary and community services, as when asked more generic questions about what services should look like and the training needs of staff, participants tended to talk about hospital care and treatment. This may emphasise the importance of this aspect of care to people affected by cancer, but could also be a reflection of the fact that these experiences would have been relatively recent. However, there was much material about primary and community services. There was also a range of experience in the group, so for example there were participants who reported very good experiences of support from their GP and others who did not have a good experience. Participants thought there was generally a lack of knowledge about cancer amongst primary and community staff, which they related back to what they perceived to be a lack of knowledge and an unwillingness to talk about cancer in the community in general.

Presented here are the main areas that were discussed in relation to primary and community services. Participants spoke about the idea that primary and community staff cannot know everything about every cancer, and they talked about what they thought these staff should know about cancer as well as what they should understand about the experience of having cancer.

Theme 1: Primary and community staff cannot know everything about every cancer

There was a perception that it was unreasonable to expect primary and community staff to know everything about every cancer. Participants indicated that it was quite acceptable for staff to say that they were not sure about something and that they were going to find out, and that this could actually help to make them feel well supported. For example, one participant explained that she was reassured when her GP rang the hospital to check that the advice that he was giving was correct. Another participant was pleased that her GP had been reading books about the sort of cancer she had. Finally, a participant articulated the view that, looking back at a particular occasion, her GP should have rung the hospital to ask about the symptoms she was experiencing. However, although generally a professional saying that they were not sure was seen in a positive light, participants could be uneasy if they felt they knew more than the professional. For example, one patient said that she had to say to her doctor that she could not take a particular medication because it would interfere with the action of her tamoxifen. It was also suggested that less confident people may not challenge a health professional in such a situation which could lead to problems. In addition, it was stated that primary and community staff needed to recognise when they might need to refer an individual on, for example for physiotherapy.

Theme 2: What primary and community staff should know about cancer

Participants had a number of views regarding what they thought primary and community care staff should know about cancer. These included:

- The general symptoms to look out for in various cancers, in order to aid early diagnosis.

- Knowledge about referral routes and what the likely patient pathway through treatment might be. A participant commented that it must be hard to support someone properly if you do not know what their care pathway is likely to be.
- Knowledge of side effects, including longer term side effects, of both cancer and its treatment, how these side effects may be avoided or minimised, and how they might be managed and treated.
- It was articulated that it is important to remember that not every symptom a PABC has is related to their cancer. One participant recounted going to his GP with pain which the GP said would be because he had recently had surgery on his prostate, without examining him. In fact, it was discovered at a later date that he had a hernia. Conversely, it was suggested that it is important for staff to understand that apparently unrelated problems can have an impact on cancer and its treatment. For example, one participant described how she needed her ears syringed because she could not hear what the radiologist was saying to her properly. It was also suggested that primary and community staff should remember to give clear advice on general health issues to people affected by cancer.
- An understanding of the mental health issues that can accompany cancer. One participant described how her life had in effect been 'paused' while she underwent her treatment, and that it was difficult to pick things up again afterwards.

Theme 3: What primary and community staff need to understand about the experience of having cancer

There were a number of issues that participants thought that primary and community staff should understand about the experience of having cancer if they are going to be able to give the best care:

- An understanding that different people deal with cancer differently, and responding to individual needs in order to support patients and their wishes. For example, one person described how her GP was happy to support her when she wanted to work (even though she suspected that her GP thought she should not be), but then was equally supportive when this individual felt that she could no longer continue at work.
- That people with cancer often experience feelings of abandonment and vulnerability when hospital treatment is finished and they are discharged into the community. Having had periods of intense treatment and attention, it is difficult to cope alone. Co-ordination between hospital and community services was seen as very important in this transition.
- The importance of primary and community staff being aware that a person has cancer and, where appropriate, that they have read the patient's notes. This was deemed important from a couple of different perspectives. Firstly, from the view that the patient did not have to tell their story again. However, it also gave an impression that the health professional cared about the individual PABC because they remembered they had it. For example, a participant was pleased when his GP asked him about his latest PSA [Prostate Specific Antigen] test when he was consulting about something different. Awareness of cancer was also spoken about in relation to receptionists being aware and understanding that an individual may need an earlier appointment.
- The fear of cancer returning, and being sensitive to this fear. Participants thought that they could be viewed as 'hypochondriacs' or 'post-cancer nutters' if they kept returning to their GP with different symptoms, but the fear of cancer returning was great. Community and primary staff need to understand that cancer patients may have lots of questions and need to talk regularly and to be constantly reassured about how they are doing. Having community staff willing to speak to them was highly rated, for example one participant said that if she rang her surgery her doctor would ring her back.

- An understanding that sometimes a health or social care professional is not the best person to speak to. Participants spoke quite a lot about how much they valued being able to speak to other people who had experienced cancer. It was articulated that health and social care staff could be ideally placed to put people in contact with each other, although there was an appreciation of the difficulties this may present.
- Awareness that the PABC will read their District Nurse folder. One participant described how she was upset by the way in which something was described in her notes, as it suggested that she was not prepared to give herself injections, whereas she had tried and had been unable to.

Theme 4: Training about cancer for primary and community staff

During the focus group discussion some specific suggestions about the training of primary and community staff were made by participants:

- The use of case studies and patients recounting their own stories as a way of educating staff was deemed very valuable. Participants described this being used in secondary care and in the training of medical students, and thought that it would be of value in primary care too.
- It was suggested that maybe different GPs in a practice could specialise in different cancers, so there was someone there who was the ‘expert’.
- It was suggested that pharmacists could have more cancer-specific training so that they could advise about medications. This was specifically spoken about in terms of being able to advise on things such as vitamin supplements and whether it was safe to take such things whilst undergoing treatment/taking medication for cancer.

4.2.2 Review of evidence and development of Cancer-specific Learning Needs Analysis Questionnaire

Data from the PABC focus group, telephone interviews with a purposive sample of key contacts, and review of evidence (Appendix 2) informed the development of the Cancer-specific Learning Needs Analysis Questionnaire. Questions represent the minimum outcomes for cancer-specific knowledge and skills for each workforce group (Tables B-F, Appendices 5-6, Tables 10-18). As identified above, the Cancer-specific Learning Needs Analysis Questionnaire was circulated to key contacts within primary, palliative and community care services/organisations as either a web link to the e-questionnaire or as a paper questionnaire (n=242). As the project team were reliant on key contacts to distribute the web link or paper Cancer-specific Learning Needs Analysis Questionnaire to their workforce for completion, it is not possible to confirm the response rate other than to report that 410 completed questionnaires were returned with 40 representing organisational data and 370 representing individual workforce members.

4.3 Findings from the Cancer-specific Learning Needs Analysis Questionnaire

Specific data relating to each workforce group are provided in Tables B-F. Tables B-F identify the minimum learning outcomes for the workforce and the results relating to areas covered from the Cancer-specific Learning Needs Analysis Questionnaire. The full data set is provided in Appendix 7. Selected key findings are summarised below.

Respondent demographics

	N=	Response: key contacts	Response: individual
E-questionnaires distributed to key contacts	240	40	410
Paper questionnaires distributed (Organisational)	2		

Place of work

Location	Primary & Palliative Care	Community Care (Health & Social)	Blank	Total number of responses (%)
North Manchester	58 (40.85%)	79 (29.92%)	1 (25%)	**138 (33.76%)**
Central Manchester	22 (15.49%)	39 (14.77%)	1 (25%)	**62 (15.12%)**
South Manchester	27 (19.01%)	90 (34.09%)	1 (25%)	**118 (28.88%)**
City-wide	32 (22.54%)	53 (20.08%)	0	**85 (20.73%)**
Blank	3 (2.11%)	3 (1.14%)	1 (25%)	**7 (1.71%)**
Total	**142**	**264**	**4**	**410**

Role title

Job Title	Primary & Palliative Care	Community Care (Health & Social)	Total Number of Responses
Administrative/Clerical			
Reception/Administrative/Clerical	22 (21.36%)	8 (3.52%)	30 (9.04%)
Unregistered Support Worker in Health/Social Care			
Home Carer	0	8 (3.52%)	8 (2.41%)
Personal Assistant	0	0	0
Healthcare Support Worker	0	3 (1.32%)	3 (0.90%)
Healthcare Assistant Practitioner	1 (0.97%)	2 (0.88%)	3 (0.90%)
Social Care Support Worker	0	52 (22.91%)	52 (15.93%)
Social Care Assistant Practitioner	0	3 (1.32%)	3 (0.90%)
Primary Assessment Officer	1 (0.97%)	20 (8.81%)	21 (6.33%)
Reablement Manager	0	7 (3.08%)	7 (2.11%)
MEAP Assessment Officer	0	3 (1.32%)	3 (0.90%)
Registered Professional (Nurse & Allied Professional)			
Occupational Therapist/Dietician	1 (0.97%)	18 (7.93%)	19 (5.72%)
Physiotherapist	0	11 (4.85%)	11 (3.31%)
Social Worker	3 (2.91%)	10 (4.41%)	13 (3.92%)
Registered Nurse	38 (36.89%)	71 (31.28%)	109 (32.83%)
Registered Professional (GP and doctor)			
Doctor	29 (28.16%)	0	29 (8.73%)
Other	8 (7.77%)	11 (4.85%)	20 (6.02%)

Length of time in job role

Time in present role	Primary & Palliative Care	Community Care (Health & Social)	Blank	Total number of responses (%)
< 11 months	23 (16.20%)	28 (10.61%)	0	**51 (12.44%)**
1 year - 2 years, 11 months	28 (19.72%)	47 (17.80%)	1 (25%)	**76 (18.54%)**
3 years - 4 years, 11 months	13 (9.15%)	35 (13.26%)	2 (50%)	**50 (12.2%)**
5 years - 9 years, 11 months	33 (23.24%)	68 (25.76%)	0	**101 (24.63%)**
10 years - 14 years, 11 months	17 (11.97%)	34 (12.88%)	0	**51 (12.44%)**
15 years - 19 years, 11 months	12 (8.45%)	20 (7.58%)	0	**32 (7.8%)**
20 years +	16 (11.27%)	21 (7.95%)	0	**37 (9.02%)**
Blank	0	11 (4.14%)	1 (25%)	**12 (2.93%)**
Total	**142**	**264**	**4**	**410**

Attendance at cancer care or communication skills training/education in the last two years

	Primary & Palliative Care	Community Care (Health & Social)	Blank	Total number of responses (%)
Yes, I have attended cancer care or communication skills training/education in the last two years	60 (42.25%)	54 (20.45%)	2 (50%)	**116 (28.29%)**
No, I have not attended cancer care or communication skills training/education in the last two years	49 (34.51%)	176 (66.67%)	1 (25%)	**226 (55.12%)**
Blank	33 (23.24%)	34 (12.88%)0	1 (25%)	**68 (16.59%)**
Total	**142**	**264**	**4**	**410**

Workforce Group: Administrative and Reception staff

Table B identifies specific development for Practice Managers not included in the Cancer-specific Learning Needs Analysis Questionnaire. Practice Managers will, alongside General Practitioners, co-ordinate the development of services for PABC within their practice, ensuring appropriate resources are available and that the workforce receives appropriate training/education and support. Procedures and processes for recording and monitoring data for national reporting will be required necessitating Practice Managers to be aware of cancer policies and standards.

Table C identifies the minimum learning outcomes for this workforce group and the specific results (%) relating to areas covered from the Cancer-specific Learning Needs Analysis Questionnaire. Overall respondents report:

- Confidence with their communication and signposting skills and recognise their importance in delivering good cancer care.

- Least confident when providing information about cancer care in a range of formats, including written and verbal, as appropriate to the circumstances and the situation; and when working with individuals, their families and friends in a flexible and sensitive way that demonstrates awareness of the impact of a diagnosis of cancer, the treatment, dying, death and bereavement.

Narrative comments from Administrative and Reception staff identify the perception that little training is available for non-clinical staff:

> *"I have had no training re: cancer care."*
>
> *"There is very little in the way of training/education for non-clinical staff."*

Developing a better knowledge of services available for PABC is identified as useful:

> *"It would definitely be useful in my role as receptionist to have a better knowledge of cancer services available to the public during weekends so that I can signpost and support the GP in directing the patient to the appropriate services when needed."*

Workforce Group: Unregistered Support Workers in Health and Social Care

Table D identifies the minimum learning outcomes for this workforce group and the specific (%) results relating to areas covered from the Cancer-specific Learning Needs Analysis Questionnaire. Nearly half (48%) of the respondents in this workforce group did not respond to the questions. Trends from respondents are, therefore, reported here.

Communication

- Overall, respondents report limited confidence with their communication and signposting skills or recognising their importance in delivering good cancer care. Respondents have some confidence when working with individuals, their families and friends in a flexible and sensitive way that demonstrates awareness of the impact of a diagnosis of cancer, the treatment, dying, death and bereavement
- Respondents are least confident when providing information about cancer care in a range of formats, including written and verbal, as appropriate to the circumstances and the situation.

Holistic Assessment and Planning Care

- Respondents report some confidence with contributing to a holistic needs assessment
- Respondents are least confident about their understanding and use end of life care assessment tools and documentation to support practice. Respondents are less confident about whom to contact or refer to in order to help provide the best possible care for patients with recurrence, advancing disease or at the end of life.

Symptom Management

- Respondents report some confidence with helping a PABC with their pain and other common symptoms
- Respondents report some confidence in discussing a person's anxiety about a cancer diagnosis, the treatment, prognosis, the dying process and what will happen with the person affected by cancer, their friends and family.

Advance Care Planning

- Respondents report some confidence in their understanding of Advance Care Planning though less understanding about the legal status and implications of the Advance Care Planning process in relation to the Mental Capacity Act 2005.

Community care – social care support staff

Narrative comments from this workforce group emphasise the need for training in all areas of cancer care, with treatment, holistic assessment and planning of care and symptom management mentioned specifically:

> *"I am aware of cancer but could do with more in depth training on each treatment that is available. Also information on who to signpost to and other relevant agencies."*

> *"I have had no formal training in cancer care though I feel it would be beneficial to my role. I would not know who to contact with regard to cancer support for our customers."*

> *"I have received no training in this area (symptom management). Often when providing practical support, information regarding medical conditions is not available to me. Information gathered is usually disclosed by the patient or a family member."*

Community care – social care managers/assessment leads

Narrative comments emphasise the importance of developing communication skills:

> *"I find it hard to ask or approach a person about prognosis. Sometimes it is difficult to know what amount of information they have been given about their prognosis so don't want to upset them."*

Respondents identify their lack of knowledge about cancer and its treatment with a reliance on personal experiences to guide their practice. Narrative comments emphasise the need for training in 'health' aspects of cancer care – treatment and when to refer on:

> *"I have recently had two close relatives dealing with cancer and was helped by the Macmillan co-ordinator. I have since found the aspects of dealing with cancer patients as part of my job extremely difficult. I feel that there is little or no coordinated training or approach for staff without a care background on how to deal with this often emotive subject and how it can potentially effect the individual who may be involved in organising care for cancer patients as part of the "day job" and then also caring for members of the family at home. I think that specific training and support on this would be useful."*

> *"I feel I need educating in regards to cancer treatments and signposting as I am new to my role. However as my mother suffers from cancer herself I have some extent of knowledge about peoples' situations."*

> *"This was difficult to answer, I am confident when talking to people and listening, I have personally lost a member of my family to cancer and I can empathise but I don't think that I have all the information about the help that is available for them, so would have to check for information when they asked. I would like to be better informed about what support is available for families and the person being cared for."*

> *"Do not feel I have had sufficient training yet to deal with people affected by cancer and would take details for one of my Community Outreach Workers to contact them. Any clinical questions we would refer back to health professionals."*

> *"Insufficient training provided in relation to communicating with and understanding customers' needs relating to cancer following diagnosis and treatment."*

> *"I feel that the majority of my knowledge has come from my own cancer treatment rather than any training I have received at work."*

> *"A general overview of how best to support people and their carers who are affected by cancer."*

Workforce Group: Registered Professionals in Health and Social Care (Nurses and Allied Health/Social Care Professionals)

Table E identifies the minimum learning outcomes for this workforce group and the specific (%) results relating to areas covered from the Cancer-specific Learning Needs Analysis Questionnaire.

Communication – Whilst Palliative Care Nurses reported confidence in all aspects of communication, other Registered Professionals in Health and Social Care reported**:**

- Some confidence with their communication and signposting skills or recognising their importance in delivering good cancer care.
- Less confidence when providing information about cancer care in a range of formats, including written and verbal, as appropriate to the circumstances and the situation. Respondents are less confident when working with individuals, their families and friends in a flexible and sensitive way that demonstrates awareness of the impact of a diagnosis of cancer, the treatment, dying, death and bereavement

Holistic Assessment and Planning Care – Whilst Palliative Care Nurses reported confidence in all aspects, other Registered Professionals in Health and Social Care reported:

- Some confidence with contributing to a holistic needs assessment
- Less confidence about their understanding and use end of life care assessment tools and documentation to support practice. Respondents also less confident equipped to involve patients and their families in decisions about their care.

Symptom Management - Whilst Palliative Care Nurses reported confidence in all aspects, other Registered Professionals in Health and Social Care reported:

- Some confidence with helping a PABC with their pain and other common symptoms
- Less confidence when discussing a person's anxiety about a cancer diagnosis, the treatment, prognosis, the dying process and what will happen with the person affected by cancer, their friends and family
- Approximately half of Practice Nurses and allied health professionals (AHPs) perceive assessing and managing a person affected by cancer with their pain and other common symptoms as not applicable to their role.

Advance Care Planning

- Respondents report some confidence in their understanding of Advance Care Planning though less understanding about the legal status and implications of the Advance Care Planning process in relation to the Mental Capacity Act 2005.

Knowledge of Cancer and the Cancer Pathway

All respondents report a lack of confidence, awareness or understanding against a number of the sub-categories and statements relating to understanding cancer and its treatment, the cancer pathway from prevention, screening, diagnosis, staging, treatment, survivorship/rehabilitation, relapse, palliative and end of life care (Table E). Respondents particularly report lack of awareness of bereavement support and use of risk assessment in bereavement.

Primary and palliative care – registered nurses:
Narrative comments from this group include:

> *"Provide enhanced communication skills training to all staff. Also deliver basic communication skills training for all staff."*
>
> *"I can give health advice but not family risk factors in cancer."*

Community care – registered nurses:
More cancer-specific training was identified as being useful, bereavement care and documentation relating to advance care planning also mentioned:

> "More awareness of cancer-specific symptoms is needed for nurses in dementia care settings."
>
> *"There needs to be more cancer-specific training available to us or specific info on bereavement."*
>
> *"More education needed re: legal status."*
>
> *"My knowledge is based on attending meetings and how best to ensure that out of hours GP services can support patients and their families through cancer."*

Community care – occupational therapists, physiotherapists and dieticians:

> *"It is many years since I had communication training, and I would appreciate the opportunity to update my skills."*
>
> *"Cancer-specific training would be appreciated, nutritional aspects of cancer care, medication and pain management."*

Workforce Group: Registered Professionals in Health and Social Care (GPs and doctors)
Table F identifies the minimum learning outcomes for this workforce group and the specific (%) results relating to areas covered from the Cancer-specific Learning Needs Analysis Questionnaire.

Communication – Whilst palliative care doctors reported confidence in all aspects of communication, other GPs/doctors reported:

- Confidence with their communication and signposting skills
- Less confidence when providing information about cancer care in a range of formats, including written and verbal, as appropriate to the circumstances and the situation. Respondents are less confident when working with individuals, their families and friends in a flexible and sensitive way that demonstrates awareness of the impact of a diagnosis of cancer, the treatment, dying, death and bereavement.

Holistic Assessment and Planning Care - Whilst palliative care doctors reported confidence in all aspects of communication, other GPs/doctors reported:

- Some confidence with carrying out a holistic needs assessment
- Less confidence about their understanding and use end of life care assessment tools and documentation to support practice. Respondents also less confident equipped to involve patients and their families in decisions about their care.

Symptom Management - Whilst palliative care doctors reported confidence in all aspects of communication, other GPs/doctors reported:

- Some confidence with helping a PABC with their pain and other common symptoms
- Less confidence when discussing a person's anxiety about a cancer diagnosis, the treatment, prognosis, the dying process and what will happen with the person affected by cancer, their friends and family.

Advance Care Planning

- Respondents report confidence in their understanding of Advance Care Planning though less confident of their understanding about the legal status and implications of the Advance Care Planning process in relation to the Mental Capacity Act 2005.

Knowledge of Cancer and the Cancer Pathway

All respondents report a lack of confidence, awareness or understanding against a number of the sub-categories and statements relating to understanding cancer and its treatment, the cancer pathway from prevention, screening, diagnosis, staging, treatment, survivorship/rehabilitation, relapse, palliative and end of life care (Table F). Respondents particularly report lack of awareness of bereavement support and use of risk assessment in bereavement.

Narrative comments from this workforce group identify time constraints in relation to holistic assessment and planning of care, and advance care planning where GPs may be confident but not have time.

> *"Can do it but not systematic ... of practice if time constraints. Need to be clear about who is responsible and the capacity of staff to do this well. It won't happen in...OP clinics where CNS and others are overwhelmed. Consider how could link to key consultations (patient of, or seen by LCP after doctor on same visit) - new patient, end of treatment, end of follow GP - re-referral if new problem +/- EOLC appropriate - look at IT tools to capture quickly."*

The demise of the Liverpool Care Pathway was also causing uncertainties, making end of life care more problematic:

> *"Now LCP has gone, would like some more formal advice on end of life expected paperwork and on use of medications."*
>
> *"Am not aware of Amber care bundle."*
>
> *"Current cancer-specific training does not address motivational skills to support changes in lifestyle."*

With regard to cancer, its treatment and the cancer pathway, one respondent stated:

> *"However confident, there is always more to know"*

4.4 Review of education/learning opportunities available:

A desk based review revealed 60 cancer-specific and communication skills learning and development opportunities locally, regionally and nationally (Appendix 9). These were reviewed and compared with the minimum outcomes identified for each workforce group. This enabled the project team to identify gaps in the available provision and to develop the proposed recommendations for cancer-specific learning and development summarised in Tables 15-19.

5.0 Discussion

In 2012, the Greater Manchester and Cheshire Cancer Summit agreed a vision for 'world class' cancer care which included:

- Commissioning services that emphasise treatment of patients and people with cancer and not just the cancer itself
- Developing the commissioning of complete cancer pathways from primary prevention, through early detection and diagnosis, screening, treatment, survivorship and end of life care
- Implementing commissioning priorities that bring together a focus to the early (primary prevention, detection and earlier diagnosis) and latter parts of the cancer pathway (rehabilitation, survivorship and end of life care).

Evidence shows that the system in Manchester needs improving and that there is inequity in end of life care where 63% patients die in hospital. From the 2012 patient experience survey, only 38% of patients felt they were given enough support by health and social care services following hospital discharge (DH/Macmillan National Cancer Survivor Initiative). Cancer care reviews are not undertaken consistently across the general practices in Manchester and do not assist in helping practices support the holistic needs of patients. The use of cancer registers can be sporadic and registers are often out of date meaning that they are of limited use in supporting patients. There is a lack of information and support surrounding cancer in general practice available to patients, carers and staff, which can result in GPs and practice staff feeling ill-prepared in supporting and talking to PABC. There is also a growing recognition that cancer aftercare is not as effective as it could be due to fragmentation between various providers.

MCIP aims to deliver changes to help achieve this vision through a two-phase approach. Phase 1 focuses on community, primary and palliative/end of life care workstreams. MCIP is funded by Macmillan Cancer Support investing in locally-led projects that will help deliver their strategy of nine priority outcomes which cover the cancer pathway from diagnosis to end of life care.

This Learning and Development Needs Scoping Project contributes to Phase 1 and aims to increase the cancer-specific knowledge, skills and awareness of the clinical and non-clinical workforce in primary, community and palliative care. Based on the findings, the project team recommend that, in order to develop the cancer-specific knowledge and skills of the workforce, a minimum standard and a five-year plan of cancer-specific learning and development for each of the workforce groups is implemented for primary, community and palliative care services across the city of Manchester.

As identified in the findings section, the Learning and Development Needs Scoping Project, having drawn on a range of evidence to develop minimum outcomes for each workforce group and the Cancer-specific Learning Needs Analysis Questionnaire, has identified gaps in the learning and development needs of the workforce groups relating to all aspects of the cancer pathway, palliative and end of life care. These findings demonstrate that there are training shortcomings across each workforce group with only 28% of the primary, community and palliative care workforce having undertaken any cancer care or communication skills education in the last two years. Closer analysis indicates that 'communication skills' training has been the predominant focus of any training undertaken and suggests that, across the workforce, there has been limited cancer-specific learning and development commissioned or undertaken. The absence of any city-wide minimum standard for cancer-specific knowledge and skills for the workforce may have contributed to this. Narrative feedback demonstrates the willingness of workforce groups to undertake cancer-specific learning and development and identifies that some staff learn about cancer and treatment from personal and family experiences rather than through formal training/education.

In acknowledgement of the Greater Manchester and Cheshire Cancer Summit vision for ‘world class’ cancer care, review of national policies and National Cancer Patient Experience Survey data, five learning and development areas were identified including (1) communication, (2) early diagnosis, (3) acute oncology, (4) survivorship/rehabilitation, and (5) palliative and end of life care. Minimum learning outcomes for each workforce group were developed in each of these five areas based on review of evidence and the views of PABC. The purpose of this approach is to provide a benchmark for MCIP, training and development leads and partner organisations across the city of Manchester. It facilitates primary, community and palliative care services to enhance their care to people affected by cancer by promoting earlier diagnosis, attendance for screening programmes, identifying key contacts following discharge from secondary care and developing organisational systems/processes for both educating the workforce about risk factors for, and symptoms of, cancer. This is alongside the monitoring and review of patients and the delivery of cancer services to meet national requirements (for example; Quality and Outcomes Framework (QOF)) (DH, 2011; Macmillan Cancer Support 2012).

Minimum learning outcomes enabled a consistent approach for mapping against the learning and development opportunities available. Some gaps emerged in the available provision to meet the benchmark outcomes. Recommendations have, therefore, been made to develop a programme of learning for each workforce group to enhance their knowledge of cancer and its treatment/management along the cancer pathway, in order to meet the minimum outcomes set and transform the workforce across the city of Manchester to achieve the Greater Manchester and Cheshire Cancer Summit vision for ‘world class’ cancer care. This strategic approach contrasts with the potential to adopt a piecemeal approach to commissioning focused on the currently available education. A strategic approach, with benchmark outcomes for each workforce group and a minimum standard across the city of Manchester, will enable MCIP and partner organisations to demonstrate/measure impact on the quality of cancer care and key performance indicators for cancer and palliative care services.

6.0 Limitations

The potential risks for this project included:

- Failure to recruit PABC as co-researcher/interviewers via Lancaster Research Partner Forum and also the recruitment of local PABC for participation in the focus group. In anticipation of these potential risks, the project team liaised with Lancaster Research Partner Forum and a range of organisations/groups including The Manchester Local Involvement Network (LINk), Macmillan Cancer Voices, The Christie Quality Assurance Programme (Patient and Public Involvement), The Cancer Network Partnership Groups – Greater Manchester and Cheshire Patient User Partnership Group and St. Ann’s Hospice Partnership Group to promote recruitment of PABC to the interviewer role and the focus group. In addition, we liaised with the Faculty of Medical and Human Sciences Co-ordinating Centre for Public Involvement and Engagement in Research and Teaching/Learning to seek advice about the best location, venue and time for the focus group to facilitate participation.

- Ensuring the distribution, access to, and completion of the Cancer-specific Learning Needs Analysis Questionnaire by Managers/Service Leads and the workforce groups using an online survey was also identified by the project team as a potential risk to the project’s success. At the request of MCIP and the workstream members, the project team worked solely with the identified key contact within organisations/services to promote awareness of the project to staff including announcements via local intranets. The project team liaised with key contacts to identify the Managers/Service Leads and relevant staff. The project team are not, therefore, aware of the number of staff that the Cancer-specific Learning Needs Analysis Questionnaire was circulated to. We are only able to report the number of responses returned. Coding within the questionnaire has assisted the project team to identify the return rate, staff role and organisation/service represented. In response to requests from some services, a paper version of the questionnaire was distributed to enable participation by those workforce groups without access to computers. The deadline for completion of the questionnaire was identified and reminders circulated via general announcements on staff intranet and the organisation/service distribution list developed with the key contact. The completion date was, however, extended for both electronic and paper questionnaires to accommodate service requests.

7.0 Conclusion and recommendations

The Learning and Development Scoping Project aims to increase the cancer-specific knowledge, skills and awareness of the clinical and non-clinical workforce in primary, community and palliative care. In order to enhance the delivery of cancer care within primary, palliative and community services across the city of Manchester, the following recommendations are made.

MCIP and partner/stakeholder organisations:

- **Consider** the bespoke five-year ‘Cancer-specific Learning & Development Minimum Standard’ proposed in Table A. For recommendation to MCIP Board.

- **Consider** a five-year implementation plan – for the duration of the MCIP Programme year 1 (2015) as a foundation and years 2-5 (post MCIP 2016-2019) to meet the minimum standard (Table A) of 75% of workforce by 2019. For recommendation at MCIP Board.

- **Consider** a minimum standard of learning and development for the workforce groups identified (Administrative and Reception staff, Unregistered Support Workers in Health and Social Care, Registered Professionals in Health and Social Care) (Table A). For recommendation to MCIP Board.

- **Consider** the minimum learning and development outcomes to be achieved by each workforce group proposed in Tables B-F (Column 2) and Appendices 5-6, Tables 10-19.

- **Consider** the learning and development opportunities proposed for each workforce group in the ‘learning and development summary profiles’ (Appendix 6, Tables 15-19) aiming to ensure that each workforce group develops their knowledge and skills, to the minimum level identified, and addresses any gaps in the following five areas:
    - Early diagnosis
    - Acute oncology
    - Survivorship
    - Palliative/end of life care
    - Communication.

  This will ensure equity of access to the required learning and development opportunities with consistent achievement of the minimum learning outcomes for the workforce, whilst providing ease of commissioning and quality assurance by MCIP and partner/stakeholder organisations.

- **Consider** the recommendation that completion of the prescribed learning and development for each workforce group will lead to the achievement of a 'MCIP & City of Manchester Certificate for Cancer Care' – a passport for:
    - The workforce member to demonstrate achievement of the minimum operating standard for cancer learning and development to employers/potential employers reducing the potential for repeat learning
    - The workforce member to demonstrate personal/continuing professional development to employers and, if appropriate, professional bodies
    - MCIP and partner/stakeholder organisations to review/monitor progress of the workforce development and achievement of the minimum standard against any key performance indicators.

- **Consider** a process for evaluation, including identifying key performance indicators, to demonstrate return on investment and enhanced care for PABC across Manchester. For recommendation to MCIP Board.

Table A: Minimum standard for city of Manchester workforce learning and development for cancer

Standard: 75% of the workforce in community, primary and palliative care across the city of Manchester have completed the MCIP & City of Manchester Certificate for Cancer Care by 2019		
Structure	**Process**	**Outcome**
1) MCIP/City of Manchester Certificate for Cancer Care developed for: • Practice Managers • Administrative and Reception staff • Unregistered Support Workers in Health and Social Care • Registered Professionals in Health and Social Care - Registered Nurses (including Practice Nurses, Community Nurses) and Allied Health and Social Care Professionals • Registered Professionals in Health and Social Care - doctors (including General Practitioners) 2) Specified learning and development units for MCIP Certificate for Cancer Care commissioned including: **Administrative/Reception Staff:** Sage & Thyme Foundation Level Introduction to Cancer Care **Practice Manager:** Sage & Thyme Foundation Level Introduction to Cancer Care Leading a service that supports individuals through significant life events **Unregistered Support Workers in Health and Social Care:**	MCIP and stakeholder/partner organisations jointly commission MCIP/City of Manchester Certificate for Cancer Care for each workforce group MCIP Learning & Development Lead to co-ordinate commissioning, planning, delivery and monitoring of MCIP Certificate for Cancer Care and specified units as rolling programme delivered twice/annum for each workforce group MCIP and stakeholder/partner organisations to work with MCIP Learning & Development Lead to identify 15% each workforce group to attend prescribed learning and development opportunities per annum for 5 years	Minimum 15% workforce annually between 2015-2019 complete the MCIP Certificate for Cancer Care By 2019, 75% workforce have completed MCIP Certificate for Cancer Care Identified key performance indicators monitored and reported annually to MCIP and stakeholder groups to demonstrate impact of workforce learning and development opportunities

Foundation level communication skills, Care and Compassion, Dignity and Respect Foundations in cancer and palliative care **Registered Professionals in Health and Social Care - Registered Nurses (including Practice Nurses, Community Nurses) and Allied Health and Social Care Professionals** Enhanced communication skills (Intermediate level) Delivering effective cancer care in primary and community settings for Registered Nurses and Allied Health and Social Care Professionals **Registered Professionals in Health and Social Care - doctors (including General Practitioners)** Spikes 'plus' communication skills Delivering effective cancer care in primary and community settings for GPs and doctors 3) MCIP Learning & Development Lead to co-ordinate commissioning, planning, delivery and monitoring of MCIP Certificate for Cancer Care and specified units 4) MCIP partner organisations to provide Board level commitment to continue implementation of 'MCIP & City of Manchester Certificate for Cancer Care' to achieve 75% workforce across community, primary and palliative care by 2019		

Table B: Practice Managers

Area of practice					**Minimum outcomes:** **The workforce member will be able to:**	**Current level of knowledge & skills – gaps identified**	**Recommendations for minimum learning & development**
C	**ED**	**AO**	**S**	**PC**			
🟦	🟥	🟩	🟪	🟦	1.1 Critically review the different policy contexts in which cancer care is delivered. 1.2 Outline the principles of cancer practice and explain how health care is organised through the cancer journey. 1.3 Communicate the different roles, responsibilities and functions of a multi-professional team and respond effectively to population and individual needs.	**Not identified in Cancer-specific Learning Needs Analysis Questionnaire.** **Evidence that recording of PABC and EOLC registers needs improvement.**	Practice Managers should complete the following learning and development to achieve the minimum outcomes identified in column 2: No L&D opportunity identified. **Suggestion:** **Learning & Development Summary Profile provided in Appendix 6, Table 15.**
🟦	🟥	🟩	🟪	🟦	1.4 Lead a service that supports individuals through significant life events including: • Be able to implement organisational systems and procedures necessary to support individuals experiencing significant life events • Be able to ensure sufficient and appropriate resources to support individuals experiencing significant life events • Be able to ensure staff can respond to individuals experiencing significant life events.		

Table C: Administrative and Reception staff

Area of practice					Minimum outcomes: The workforce member will be able to:	Current level of knowledge & skills – gaps identified	Recommendations for minimum learning & development
C	ED	AO	S	PC			
	🟥				**1 Early Diagnosis:** 1.1 Demonstrate an understanding of cancer risk factors and screening for common cancers.		Administrative and Reception staff should complete the following learning and development to achieve the minimum outcomes identified in column 2: Communication skills. Introduction to cancer care. **Suggestion for Communication Skills**: Sage and Thyme Foundation Level (3 hours face to face). **Suggestion for 'Introduction to Cancer Care' included in:** **Learning & Development Summary Profile provided in Appendix 6, Table 16.**
		🟩			**2 Acute Oncology:** 2.1 Demonstrate an understanding of cancer and the common treatment approaches focusing on the four common cancers (breast, colorectal, prostate and lung).	3.1 A 83% (combined) are confident that they know what cancer is. 50% (Community) are confident that they know what cancer is.	
			🟪		**3 Survivorship:** 3.1 Demonstrate an understanding of the potential psychosocial consequences of a cancer diagnosis and its treatment on individuals and their family members. 3.2 Demonstrate tact, reflexivity and sensitivity towards the needs of patients who are dying, and demonstrate awareness of their psychosocial and spiritual needs, and those of their family members.	3.1 B 70% (combined) are confident listening to patients on cancer related issues. 50% (Community) are confident listening to patients on cancer related issues.	
🟦					**4 Information and Communication:** 4.1 Identify the information requirements of individuals with cancer during their cancer diagnosis, therapy, after care and period of supportive care. 4.2 Reflect on communication skills and consider theories of good communication in supporting the individual and family affected by cancer. 4.3 Demonstrate the use of a range of communication techniques to promote well-being in a person with cancer, for example: active listening. 4.4 Identify how multidisciplinary team communication can benefit patient care and improve transitions between acute and home	3.1 D 53% (combined) are confident about providing information. 3.1 G 60% (combined) are confident in signposting to specialist services. 37% (Community) are confident in signposting to specialist services.	

🟦					care. 4.5 Direct individuals and family members to appropriate services and provide a plan or prescription of information. 4.6 Provide information and advice within the multidisciplinary team to support patient care.		
				🟦	**5 Palliative Care:** 5.1 Work with people, their families and friends in a sensitive and flexible manner, demonstrating awareness of the impact of death, dying and bereavement, and recognising that their priorities and ability to communicate may vary over time.	3.1 E 51% (combined) are confident in dealing with impact on patients of diagnosis of cancer, dying death and bereavement. 28% (Community) are confident in dealing with impact on patients of diagnosis of cancer, dying death and bereavement.	

Table D: Unregistered Support Workers in Health & Social Care

Area of practice					Minimum outcomes: The workforce member will be able to:	Current level of knowledge & skills – gaps identified	Recommendations for minimum learning & development
C	ED	AO	S	PC			
	🟥				**1 Early Diagnosis:** 1.1 Demonstrate an understanding of cancer risk factors and screening for common cancers.	4.1 A 40% (combined) know what cancer is.	Unregistered Support Workers (including Assistant Practitioners) should complete the following learning and development to achieve the minimum outcomes identified in column 2: Communication skills. Foundations in cancer and palliative care. **Suggestion for Communication Skills**: Foundation Level Communication Skills, Care & Compassions, Dignity & Respect (1 day). **Suggestion for 'Foundations in cancer and palliative care' unit included in:** **Learning & Development Summary Profile provided in Appendix 6, Table 17.**
		🟩			**2 Acute Oncology:** 2.1 Demonstrate an understanding of cancer and the common treatment approaches focusing on the four common cancers (breast, colorectal, prostate and lung).		
			🟪		**3 Survivorship:** 3.1 Demonstrate an understanding of the potential psychosocial consequences of a cancer diagnosis and its treatment on individuals and their family members. 3.2 Recognise the differing care needs of patients from disadvantaged or vulnerable groups. 3.3 Consider own attitude, beliefs and behaviours towards end of life care. 3.4 Demonstrate tact, reflexivity and sensitivity towards the needs of patients who are dying, and demonstrate awareness of their psychosocial and spiritual needs, and those of their family members.	4.1 B 32% (combined) are confident in talking to patients on cancer related issues. 4.1 E 26% (combined) are confident talking about impact of diagnosis of cancer, the treatment, dying, death and bereavement.	
🟦					**4 Information and Communication:** 4.1 Identify the information requirements of individuals with cancer during their cancer diagnosis, therapy, after care and period of supportive care. 4.2 Reflect on communication skills and consider theories of good communication in supporting the individual and family affected by cancer. 4.3 Demonstrate the use of a range of communication techniques to promote well-	4.1 D 15% (combined) are confident in providing information and support about cancer care in a range of formats.	

🟦					being in a person with cancer, for example: active listening. 4.4 Identify how multidisciplinary team communication can benefit patient care and improve transitions between acute and home care. 4.5 Direct individuals and family members to appropriate services and provide a plan or prescription of information. 4.6 Provide information and advice within the multidisciplinary team to support patient care.	4.4 D 26% (combined) confident in sharing patient views with MDT. 4.1 G 20% (combined) confident in signposting patients to specialists.	
				🟦	**5 Palliative Care:** 5.1 Understand the philosophy and principles of palliative care. 5.2 Work with people, their families and friends in a sensitive and flexible manner, demonstrating awareness of the impact of death, dying and bereavement, and recognising that their priorities and ability to communicate may vary over time. 5.3 Contribute to multi-disciplinary assessment and information sharing. 5.4 Assess pain and other symptoms in ways appropriate to your role. Know when to refer to specialist colleagues. 5.5 Contribute to delivery of personal and psychological care. 5.6 Demonstrate awareness and understanding of Advance Care Planning and the times when it may be appropriate. 5.7 Work in accordance with care of the body after death policies. 5.8 Support families and friends of the deceased.	4.2 C 23% (combined) are able to recognise when a person is dying. 4.1 B 32% (combined) are confident in talking to patients on cancer related issues. 4.1 C 26% (combined) confident in talking to relatives. 4.2 A 16% (combined) confident in contributing to holistic needs assessment. 4.2 D 7% (combined) can use end of life care assessment tools and documentation. 4.3 A 17% confident in helping cancer patients with symptoms. 4.3 B 10% confident in advising on coping strategies. 4.4 A 18% (combined) understand ACP. 4.4 B 19% confident in supporting patient deciding wishes.	

Table E: Registered Professionals in Health & Social Care (Registered Nurses & Allied Health & Social Care Professionals)

Area of practice					**Minimum outcomes: The workforce member will be able to:**	**Current level of knowledge & skills – gaps identified**	**Recommendations for minimum learning & development**
C	**ED**	**AO**	**S**	**PC**			
	🟥				**1 Early Diagnosis:** 1.1 Identify common causes, signs and symptoms of cancer and explain how their recognition and early diagnosis influences morbidity. 1.2 Outline the principles of cancer practice and explain how health care is organised through the cancer journey in order to respond effectively to population and individual needs. 1.3 Communicate the different roles, responsibilities and functions of a multi-professional team.	5.5A 63% (PPE), 52% (Community) workforce confident in giving health promotion information, support and advice relating to an individuals or family's risk factors for cancer. 5.5B 74% (PPE), 65% (Community) workforce understand about risk factors for cancer (environmental and inherited). 5.5E 57% (PPE), 28% Community workforce confident in making timely referral to cancer services following NICE guidelines/local cancer-specific pathways.	Registered professionals in health and social care should complete the following learning and development to achieve the minimum outcomes identified in column 2: Communication skills. Delivering effective cancer care in primary and community settings. **Suggestion for Communication Skills**: For Nurses and AHP's – Enhanced Communication Skills (Intermediate level) (2 days). **Suggestion for 'Delivering effective cancer care in primary and community settings' unit for Registered Nurses and Allied Health & Social Care Professionals included in:** **Learning & Development Summary Profile provided in Appendix 6, Table 18.**
		🟩			**2 Acute Oncology:** 2.1 Demonstrate an understanding of the aetiology and biology in the development of cancer in order to provide information and reassurance about the causes of cancer to patients and their families. 2.2 Identify risk factors for cancer and describe approaches for prevention, screening and early detection of cancer (focus on four common cancers). 2.3 Describe approaches to the diagnosis and staging of cancer and own role in supporting patients through this process. 2.4 Demonstrate understanding of the principles	5.5I 51% (PPE), 27% (Community) workforce understand the cell biology relating to formation of a cancer cell. 5.5J 91% (PPE), 60% (Community) workforce understand the signs and symptoms for the common cancers. 5.5K 87% (PPE), 56%	

		🟩			of cancer therapies in order to explain and facilitate patient education and choice. 2.5 Demonstrate knowledge of the common acute and late side effects of cancer therapies. 2.6 Demonstrate the principles of holistic assessment in cancer practice taking into account relevant physical, social, cultural, psychological and spiritual factors. 2.7 Demonstrate knowledge of management of cancer symptoms and treatment side effects.	(Community) workforce know how cancers are diagnosed. 5.5L 74% (PPE), 40% (Community) workforce understand the ‘staging process’ for the common cancers. 5.5M 56% (PPE), 29% (Community) workforce confident in explaining to people affected by cancer about the range of treatments for their cancer and the potential side effects. 5.5N 79% (PPE), 38% (Community) workforce can recognise signs and symptoms associated with acute treatment effects and possible recurrence. 5.5O 73% (PPE), 37% (Community) workforce confident assessing and managing symptoms associated with treatment effects. 5.2 A 50% Practice Nurses, 42% AHPs confident in carrying out a Holistic Needs Assessment.	
			🟪		**3 Survivorship:** 3.1 Demonstrate knowledge of the implications of chronic illness and long-term survivorship in those affected by cancer and implement appropriate referrals to other professionals and agencies in respect of these. 3.2 Understand the potential consequences of long term and late effects of cancer treatment.	5.5P 62% (PPE), 38% (Community) workforce confident in acting as a key worker to undertake holistic needs assessment for a person affected by cancer following their treatment providing advice	

			🟪		3.3 Describe the principles of rehabilitation, self-management and lifestyle interventions for improving quality of life in those affected by cancer. 3.4 Understand the importance of long-term medicines management and the dangers of non-adherence in patients with cancer. 3.5 Demonstrate an understanding of the importance of seamless transitions between the acute and home care and from active treatment to survival programmes, palliative and end-of-life care. 3.6 Describe the role of supportive, palliative and end-of-life care, for patients and their family. 3.7 Demonstrate an understanding of the potential social, financial and emotional consequences of a cancer diagnosis and its treatment on individuals and their family members. 3.8 Recognise the differing care needs of patients from disadvantaged or vulnerable groups. 3.9 Discuss the impact of inheritable, social or lifestyle traits which predispose particular individuals or families to cancer and, where appropriate, refer patient for a family history assessment.	relating to rehabilitation and survivorship. 5.5Q 66% (PPE), 40% (Community) workforce feel equipped to support people to self-manage their cancer and related symptoms. 5.5S 68% (PPE), 42% (Community) workforce can recognise signs and symptoms associated with long-term treatment effects and possible recurrence.	
🟦					**4 Information and Communication:** 4.1 Identify the information requirements of individuals with cancer during their cancer diagnosis, therapy, after care and period of supportive care. 4.2 Reflect on communication skills and consider theories of good communication in supporting the individual and family affected by cancer. 4.3 Demonstrate the use of a range of communication techniques to promote well-	5.1A 66% Practice Nurses, 63% AHPs confident in developing and maintain communication with people affected by cancer, their families and others. 5.1 E 60% Practice Nurses, 45% AHPs confident in working with individuals, their families and friends in a flexible and sensitive	

🟦					being in a person with cancer, for example: active listening. 4.4 Identify how multidisciplinary team communication can benefit patient care and improve transitions between acute and home care. 4.5 Direct individuals and family members to appropriate services and provide a plan or prescription of information. 4.6 Provide information and advice within the multidisciplinary team to support patient care.	way that demonstrates awareness of the impact of a diagnosis of cancer, the treatment, dying, death and bereavement. 5.1 D 50% Practice Nurses, 31% AHPs confident in providing information and support about cancer care in a range of formats.	
				🟦	**5 Palliative Care:** 5.1 Understand the philosophy and principles of palliative care. 5.2 Work with people, their families and friends in a sensitive and flexible manner, demonstrating awareness of the impact of death, dying and bereavement, and recognising that their priorities and ability to communicate may vary over time. 5.3 Contribute to multi-disciplinary assessment and information sharing including the individualised plan of care and support for the dying person to other key professionals involved in the person's care. 5.4 Assess pain and other symptoms in ways appropriate to own role. Know when to refer to specialist colleagues. 5.5 Contribute to delivery of personal and psychological care acting upon the recognition or the signs that a person is clinically unstable and may not recover. 5.6 Demonstrate awareness and understanding of Advance Care Planning and the times when it may be appropriate. 5.7 Work in accordance with care of the body after death policies. 5.8 Identify, support and refer appropriately people at risk in bereavement.	5.2C 50% Practice Nurses, 38% AHPs feel able to recognise when a person is dying. 5.2D 33% Practice Nurses, 4% AHPs understand and can use end of life care assessment tools and documentation. 5.3A 33% Practice Nurses, 27% AHPs, 83% RN feel confident about assessing and managing a person affected by cancer with their pain and other common symptoms. 5.3E 33% Practice Nurses, 14% AHPs, 82% RN feel confident in working in partnership with the person affected by cancer, their family and friends to develop, implement and monitor an end of life care plan which will meet the needs of the individual. 5.5Z 72% PPE, 44%	

				🟦	5.9 Demonstrate understanding of the impact of loss and grief, including how to support individuals who are bereaved.	(Community) workforce can use EoL care tools. 5.5AA 57% PPE, 28% (Community) workforce can add person affected by cancer to GSF register in primary care. 5.5AN 43% PPE, 24% (Community) workforce confident in using bereavement risk assessment tools and make appropriate onward referral to bereavement services.	

Table F: Registered Professionals in Health & Social Care (GPs & doctors)

Area of practice					Minimum outcomes: The workforce member will be able to:	Current level of knowledge & skills – gaps identified	Recommendations for minimum learning & development
C	**ED**	**AO**	**S**	**PC**			
	🟥				**1 Early Diagnosis:** 1.1 Identify common causes, signs and symptoms of cancer and refer for further investigations/review as per national guidelines/standards. 1.2 Demonstrate awareness of how health care is organised through the cancer journey in order to respond effectively to population and individual needs. 1.3 Communicate the different roles, responsibilities and functions of a multi-professional team.	5.5A 63% (PPE), 52% (Community) workforce confident in giving health promotion information, support and advice relating to an individuals or family's risk factors for cancer. 5.5B 74% (PPE), 65% (Community) workforce understand about risk factors for cancer (environmental and inherited). 5.5E 57% (PPE), 28% (Community) workforce confident in making timely referral to cancer services following NICE guidelines/local cancer-specific pathways.	Registered professionals in health and social care should complete the following learning and development to achieve the minimum outcomes identified in column 2: Communication skills Delivering effective cancer care in primary and community settings (GPs and doctors). **Suggestion for Communication Skills**: For GPs – Spikes 'plus' has been identified for commissioning by MCIP. **Suggestion for 'Delivering effective cancer care in primary and community settings' unit for GPs and doctors included in:** **Learning & Development Summary Profile provided in Appendix 6, Table 19.**
		🟩			**2 Acute Oncology:** 2.1 Demonstrate an understanding of the aetiology and biology in the development of cancer in order to provide information and reassurance about the causes of cancer to patients and their families. 2.2 Identify risk factors for cancer and implement approaches for prevention, screening and early detection of cancer (focus on four common cancers). 2.3 Describe approaches to the diagnosis and staging of cancer and own role in supporting patients through this process. 2.4 Demonstrate understanding of the principles	5.5I 51% (PPE), 27% (Community) workforce understand the cell biology relating to formation of a cancer cell. 5.5J 91% (PPE), 60% (Community) workforce understand the signs and symptoms for the common cancers. 5.5K 87% (PPE), 56% (Community) workforce know	

		🟩			of cancer therapies in order to explain and facilitate patient education and choice. 2.5 Demonstrate knowledge of the common acute and late side effects of cancer therapies. 2.6 Demonstrate the principles of holistic assessment in cancer practice taking into account relevant physical, social, cultural, psychological and spiritual factors and making referrals to appropriate services as required. 2.7 Demonstrate knowledge of management of cancer symptoms and treatment side effects.	how cancers are diagnosed. 5.5L 74% (PPE), 40% (Community) workforce understand the 'staging process' for the common cancers. 5.5M 56% (PPE), 29% (Community) workforce confident when explaining to people affected by cancer about the range of treatments for their cancer and the potential side effects. 5.5N 79% (PPE), 38% (Community) workforce can recognise signs and symptoms associated with acute treatment effects and possible recurrence. 5.5O 73% (PPE), 37% (Community) workforce confident assessing and managing symptoms associated with treatment effects. 5.2 A 60% GPs confident when carrying out a Holistic Needs Assessment.	
			🟪		**3 Survivorship:** 3.1 Demonstrate knowledge of the implications of chronic illness and long-term survivorship in those affected by cancer and implement appropriate referrals to other professionals and agencies in respect of these. 3.2 Understand the potential consequences of long term and late effects of cancer treatment. 3.3 Describe the principles of rehabilitation, self-	5.5P 62% (PPE), 38% (Community) workforce confident when acting as a key worker to undertake holistic needs assessment for a person affected by cancer following their treatment providing advice relating to rehabilitation and	

			🟪		management and lifestyle interventions for improving quality of life in those affected by cancer. 3.4 Understand the importance of long-term medicines management and the dangers of non-adherence in patients with cancer. 3.5 Demonstrate an understanding of the importance of seamless transitions between the acute and home care and from active treatment to survival programmes, palliative and end-of-life care. 3.6 Describe the role of supportive, palliative and end-of-life care, for patients and their family. 3.7 Demonstrate an understanding of the potential social, financial and emotional consequences of a cancer diagnosis and its treatment on individuals and their family members. 3.8 Recognise the differing care needs of patients from disadvantaged or vulnerable groups. 3.9 Discuss the impact of inheritable, social or lifestyle traits which predispose particular individuals or families to cancer and, where appropriate, refer patient for a family history assessment	survivorship. 5.5Q 66% (PPE), 40% (Community) workforce feel equipped to support people to self-manage their cancer and related symptoms. 5.5S 68% (PPE), 42% (Community) workforce can recognise signs and symptoms associated with long-term treatment effects and possible recurrence.	
🟦					**4 Information and Communication:** 4.1 Identify the information requirements of individuals with cancer during their cancer diagnosis, therapy, after care and period of supportive care. 4.2 Reflect on communication skills and consider theories of good communication in supporting the individual and family affected by cancer. 4.3 Demonstrate the use of a range of communication techniques to promote well-being in a person with cancer, for example:	5.1A 90% GPs confident when developing and maintaining communication with people affected by cancer, their families and others 5.1D 75% GPs confident when providing information and support about cancer care in a range of formats, including written and verbal, as appropriate to the circumstances	

🟦					active listening. 4.4 Identify how multidisciplinary team communication can benefit patient care and improve transitions between acute and home care. 4.5 Direct individuals and family members to appropriate services and provide a plan or prescription of information. 4.6 Provide information and advice within the multidisciplinary team to support patient care.	and the situation. 5.1 E 85% GPs confident when working with individuals, their families and friends in a flexible and sensitive way that demonstrates awareness of the impact of a diagnosis of cancer, the treatment, dying, death and bereavement.	
				🟦	**5 Palliative Care:** 5.1 Understand the philosophy and principles of palliative care. 5.2 Work with people, their families and friends in a sensitive and flexible manner, demonstrating awareness of the impact of death, dying and bereavement, and recognising that their priorities and ability to communicate may vary over time. 5.3 Contribute to multi-disciplinary assessment and information sharing including with out-of-hours services. 5.4 Assess pain and other symptoms in ways appropriate to own role. Know when to refer to specialist colleagues. 5.5 Prescribe anticipatory medications for potential specific symptoms including pain, nausea/vomiting, breathlessness, noisy breathing, agitation, confusion, dry mouth. 5.6 Initiate and manage conversations with the dying person regarding their preferences for end of life care using Advance Care Planning. Assess mental capacity for each decision. 5.7 Recognise and manage reversible causes of deterioration. 5.8 Identify, support and refer appropriately people at risk in bereavement.	5.2C 95% GPs feel able to recognise when a person is dying. 5.2D 70% GPs understand and can use end of life care assessment tools and documentation. 5.3A 95% GPs feel confident about assessing and managing a person affected by cancer with their pain and other common symptoms. 5.3E 78% GPs feel confident when working in partnership with the person affected by cancer, their family and friends to develop, implement and monitor an end of life care plan which will meet the needs of the individual. 5.5Z 72% (PPE), 44% (Community) workforce can use	

					5.9 Demonstrate understanding of the impact of loss and grief, including how to support individuals who are bereaved.	EoL care tools. 5.5AA 57% (PPE), 28% (Community) workforce can add person affected by cancer to GSF register in primary care. 5.5AN 43% (PPE), 24% (Community) workforce confident when using bereavement risk assessment tools and make appropriate onward referral to bereavement services.	

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Appendix 1:

Project plan: Scoping the cancer-specific learning and development needs of clinical and non-clinical staff working in primary, community and palliative care across the city of Manchester

Objectives:	Data collection/analysis	Participants	Timeline
1) Undertake an analysis of the workforce, in primary (including out of hours), community and palliative care across the city of Manchester that identifies the numbers of staff in different roles and their current cancer-specific knowledge and skills 2) Gain a clear understanding of the various roles different workforce groups play in the delivery of services to people affected by cancer and their cancer-specific learning to date	Identify/develop cancer pathway from prevention, early detection, diagnosis, treatment, rehabilitation/survivorship & palliative care	South, Central and North Manchester Clinical commissioning groups, partner service providers, clinical leads across Manchester	May
	Mapping and analysis of organisations involved across primary, community and palliative/end of life care in delivery of cancer pathway including: • Size of population covered, number of cases of PABC/annum, range of workforce/staff roles, focus of organisation/service within cancer pathway		May
	Development, updating and completion of fieldwork template to create matrix recording: • Number of staff roles within each workforce group • Current level of cancer-specific skills and knowledge across each workforce group • Required skills and knowledge to deliver improved cancer care • Skills and knowledge gaps • Numbers of staff requiring learning and development interventions • Essential learning and development interventions required and, where possible, proposed training method		May-August

	Telephone interviews with purposive sample of community, primary and palliative care organisations. Analysis to identify: • Which workforce groups are involved in cancer pathway • What staff roles and activities are related to cancer pathway within each workforce group	Service Managers and Nursing Leads	June/July
	Organisational Questionnaire via online survey to identify: • Composition of workforce • Number of staff in different roles • Current level of cancer-specific knowledge and skills • Cancer related education/learning commissioned • Cancer related education/learning accessed • Cancer related education/learning required	Service Managers and Nursing Leads	July/August
	Cancer-specific learning needs analysis questionnaire via online survey. Analysis to identify: • Current level of cancer-specific skills and knowledge • Required skills and knowledge to deliver improved cancer care • Skills and knowledge gaps	Staff groups* (*May include: Medicine, Nursing, AHPs, Social Workers, Psychologists, Unregistered HCSW/Assistant Practitioners, Administrative/support & volunteers)	July/August
3) Develop a cancer-specific learning needs analysis for the clinical and non-clinical workforce	Focus group with people affected by cancer group (PABC) to identify, from their local perspective: • The current level of knowledge among the providers of care	Lancaster Research Partners Forum (n=2) Representatives from Greater Manchester and	June/July

	• The vision for the standard of care that care providers will aspire to deliver Data analysis to inform development of Cancer-specific learning needs analysis questionnaire	Cheshire Patient User Partnership Group and Local Patient User Partnership Groups (n=8)	
	Review of evidence - national cancer policies, career pathways and professional education curricula - analysis to inform PABC focus group, development of 'what needs to be learnt' standards for Cancer-specific Learning Needs Analysis Questionnaire		May/June
			June/July
4) Undertake a gap analysis which considers what learning and development is already available for each staff group and make recommendations regarding the implementation of new/enhanced learning and development opportunities	Analysis of desk based survey of prospectuses for education/learning opportunities for workforce		August/September
	Analysis of Organisational Questionnaire and data template	Service Managers and Nursing Leads	August/September
	Analysis of Cancer-specific Learning Needs Analysis Questionnaire	Staff groups* (*May include: Medicine, nursing, AHPs, social workers, non-registered HCSW/Assistant Practitioners, administrative/support)	August/September
5 Identify key stakeholders in the provision of cancer education across the city of Manchester	Desk based survey of prospectuses for education/learning opportunities for workforce		August
	Analysis of organisational data and data template	Service Managers and Nursing Leads	August/September
	Analysis of Cancer-specific Learning Needs Analysis Questionnaire	Staff groups* (*May include: Medicine, Nursing, AHPs, Social Workers, Psychologists, Unregistered	August/September

		HCSW/Assistant Practitioners, Administrative/support & volunteers)	
6 Provide an outline of learning interventions and resources already available/commissioned from different providers, including Macmillan Cancer Support, that could be accessed to bridge the learning and development gaps identified	Analysis from Health Education North West (HENW) Commissioning plan for cancer-specific learning	Commissioning Manager HENW	August
	Data analysis from Cancer-specific Learning Needs Analysis Questionnaire		September/October
	Resources/learning opportunities identified from desk based review of prospectuses for education/learning opportunities for workforce		September

Key dates:	
Project commencement:	27th May 2014
Data collection complete	September 2014
Data analysis complete	October 2014
Final report preparation	October 2014
Final report submitted	27th October 2014
Dissemination plan	

Project timeline

Activity	May	June	July	August	September	October
Identification of cancer pathway	■					
Mapping and analysis of organisations	■					
Database of key contacts	■	■				
Sampling of, and recruitment to, telephone interviews	■					
Telephone interview with managers/nurse leads – analysis of interview data		■				
Review and analysis of current evidence	■	■				
Development of interview schedule for PABC focus group	■	■				
Recruitment of PABC interviewer role and PABC focus group	■					
Focus group with PABC & interview data analysis		■	■			
Development of Cancer-specific Learning Needs Questionnaire		■	■			
Distribution and analysis of Cancer-specific Learning Needs Questionnaire				■	■	
Review of education/learning opportunities			■	■		
Review of current commissioning for cancer-specific education/learning opportunities			■		■	
Development, updating and completion of fieldwork template to create matrix	■	■	■	■	■	
						Final report submission

Appendix 2: Literature and evidence used to inform the development of the 'Cancer-specific Learning Needs Questionnaire' and minimum outcomes for knowledge and practice of the workforce

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PABC focus group – four themes identified:

Themes	**Sub-themes:**
1) Primary and community staff cannot know everything about every cancer	
2) What primary and community staff should know about cancer	• The general symptoms to look out for in various cancers, in order to aid early diagnosis. • Knowledge about referral routes and what the likely patient pathway through treatment might be. • Knowledge of side effects, including longer term side effects, of both cancer and its treatment, how these side effects may be avoided or minimised, and how they might be managed and treated. • Distinguishing that not every symptom a person affected by cancer has is related to their cancer. • An understanding of the mental health issues that can accompany cancer.
3) What primary and community staff need to understand about the experience of having cancer	• An understanding that different people deal with cancer differently, and working with the individual where they were. • That people with cancer often experience feelings of abandonment and vulnerability when hospital treatment is finished and they are discharged into the community. Having had periods of intense treatment and attention, it is difficult to cope alone. Co-ordination between hospital and community was seen as very important in this transition. • The importance of primary and community staff being aware that a person has cancer and where appropriate that they have read the patient's notes. This was deemed important from a couple of different perspectives. First, the idea of not having to tell your story again. However, it also gave an impression that the health professional cared about the individual person affected by cancer, because they remembered they had it. Awareness of cancer was also spoken about in relation to receptionists being aware and understanding that an individual may need an earlier appointment. • The fear of cancer returning, and being sensitive to this fear. Participants thought that they could be viewed as 'hypochondriacs' or 'post-cancer nutters' if they kept returning to their GP with different

	symptoms, but the fear of cancer returning was great. Community and primary staff need to understand that cancer patients may have lots of questions and need to talk regularly, and to be constantly reassured about how they are doing. Having community staff willing to speak to them was highly rated. • An understanding that sometimes a health or social care professional is not the best person to speak to. Participants spoke quite a lot about how much they valued being able to speak to other people who had experienced cancer. It was articulated that health and social care staff could be ideally placed to put people in contact with each other, although there was an appreciation of the difficulties this may present. • An awareness that the person affected by cancer will read their district nurse folder. One participant described how she was upset by the way in which something was described in her notes.
4) Training about cancer for primary and community staff	• The use of case studies and patients recounting their own stories as a way of educating staff was deemed very valuable. • It was suggested that maybe different GPs in a practice could specialise in different cancers, so there was someone there who was the ‘expert’. • It was suggested that pharmacists could have more cancer-specific training so that they could advise about medications. This was specifically spoken about in terms of being able to advise on things such as vitamin supplements and whether it was safe to take such things whilst undergoing treatment/taking medication for cancer.

Appendix 3: European Oncology Nursing Society (EONS) Cancer Nursing Curriculum 2013 4th Edition

Tables 1-8: European Oncology Nursing Society (EONS) Cancer Nursing Curriculum 2013 4th Edition

The EONS curriculum is a framework for future educational development, and EONS state that the curriculum can be adapted as necessary to meet professional needs for cancer within a particular country. The curriculum focuses on the adult with cancer and identifies the **fundamental skills and knowledge about cancer care that are applicable in all care settings**. Whilst the curriculum recognises the fundamental skills for nurses post initial registration, it is seen as the core requirement for competence for those who are working within the field of oncology. It can be implemented in guiding curricula development for all education programmes whether for those working in cancer centres or in general practice/hospital settings. In addition, EONS provides guidance on supervision of practice, training facilities and quality assurance requirements.

The EONS curriculum is presented in eight 'modules':

- The context of cancer nursing
- Basic science and treatment of cancer
- Nursing assessment and intervention in the management of people affected by cancer
- Cancer as a chronic illness/supportive and palliative care
- Understanding impact of cancer on the individual, families and healthcare professionals
- Information and communication in cancer care
- Clinical leadership and resource management of cancer nursing
- Evidence-based and applied research in cancer care.

The learning outcomes and practice-based skills and competencies for each of the eight 'modules' are presented in tables 1-8 below. Tables 7-8 are shaded to indicate that the learning outcomes and practice-based skills and competencies for these modules were not included in the cancer-specific learning and development questionnaire as the outcomes and practice skills/competencies focus on leadership and research in cancer care which are more relevant to those practitioners in specialist cancer roles. In addition, the outcomes were modified to reflect all administrative, unregistered support workers and registered professionals across primary, community and palliative care services within the questionnaire.

Table 1: The Context of Cancer Nursing (EONS 2013)

LEARNING OUTCOMES: THE STUDENT WILL BE ABLE TO:	PRACTICE-BASED SKILLS AND COMPETENCIES: THE STUDENT WILL BE ABLE TO:
The Context of Cancer Nursing	
Critically review epidemiological and prevalence statistics for cancer within Europe understanding both demographic and cultural differences.	Direct individuals and family members to appropriate information sources about the epidemiology of cancer within Europe.
Identify common causes, signs and symptoms of cancer and explain how their recognition and early diagnosis influences morbidity.	Explain the multifactorial causes of cancer, to cancer patients and members of their family, provide appropriate health and risk advice so that individuals can monitor for early signs of cancer and adopt healthy lifestyle behaviours.
Describe how attitudes, values and beliefs in relation to cancer influence the care that cancer patients and their families receive.	Demonstrate knowledge of the wider physical, psychological, social and spiritual factors that can affect people treated for cancer.
Recognise the importance of employing culturally sensitive approaches in the care of people with cancer and their families.	Demonstrate a holistic, tolerant, non-judgmental and caring manner; promote the rights, beliefs, and wishes of individuals and families with cancer.
Critically review the different policy contexts in which cancer care is delivered.	Adjust professional behaviour to respond effectively to population and/or individual needs dependent on the cancer care setting.
Outline the principles of cancer nursing practice and explain how health care is organised through the cancer journey.	Communicate the different roles, responsibilities and functions of a cancer nurse and respond effectively to population and individual needs.

Table 2: Basic Science and Treatment of Cancer (EONS 2013)

LEARNING OUTCOMES: THE STUDENT WILL BE ABLE TO:	PRACTICE-BASED SKILLS AND COMPETENCIES: THE STUDENT WILL BE ABLE TO:
Basic Science and Treatment of Cancer	
Demonstrate a clear understanding of the aetiology, biology and patho-physiology in the development of cancer.	Explain relevant information about the causes of cancer to patients and their families, assess their understanding of these, and provide information and reassurance where necessary.
Identify risk factors for cancer and describe approaches for prevention, screening and early detection of cancer.	Participate in health promotion activities and provide appropriate health education to safeguard the health and well-being of the public.
Describe approaches to the diagnosis and staging of cancer and the nurse's role in supporting patients through this process.	Demonstrate sensitivity towards patients and families throughout all phases of the cancer journey.
Demonstrate understanding of the principles of cancer therapies and describe the application of multi-modality cancer treatment.	Assess the patient and/or family members' understanding and is able to explain and facilitate patient education and choice in relation to these.
Demonstrate comprehensive knowledge of the common acute and late side effects of cancer therapies.	Undertake an accurate assessment of treatment side-effects and applies relevant treatment knowledge to the nursing care of treatment side effects.
Reflect on lay perspectives of health and illness.	Provide a supportive environment in which patients and family members are encouraged to share their concerns.

Table 3: Nursing Assessment and Interventions in the Management of People Affected by Cancer (EONS 2013)

LEARNING OUTCOMES: THE STUDENT WILL BE ABLE TO:	PRACTICE-BASED SKILLS AND COMPETENCIES: THE STUDENT WILL BE ABLE TO:
Nursing Assessment and Interventions in the Management of People Affected by Cancer	
Demonstrate the principles of holistic assessment in cancer practice.	Undertake a comprehensive nursing assessment taking into account relevant physical, social, cultural, psychological and spiritual factors.
Appraise decision making and how this impacts on cancer nursing assessment using both objective and subjective health problems associated with cancer and its treatment.	Monitor the patient's health status for signs and symptoms of deterioration and take steps to document, intervene or refer appropriately.
Demonstrate an understanding of the complex, changing, multiple health needs of patients with cancer and their families across the disease trajectory.	Implement and critically evaluate a range of evidence-based interventions to manage the complex, multiple health needs of cancer patients and their families.
Critically review the evidence base for nursing management of cancer symptoms and treatment side effects.	Work in partnership with the patient to manage symptoms of cancer and subsequent consequences of cancer treatment.
Demonstrate knowledge about the safe administration of cancer therapies and the nursing interventions necessary to manage an adverse reaction to treatment.	Demonstrate knowledge of health and safety implications for cancer treatments that impact on patients and other staff members. Safely administers and monitors treatments using the correct medical devices and/or techniques.
Construct a care plan for a patient with cancer and document.	Provide personalised care plans based on individual risks, needs and preferences of the patient.

Table 4: Cancer as a Chronic Illness/Supportive and Palliative Care (EONS 2013)

LEARNING OUTCOMES: THE STUDENT WILL BE ABLE TO:	PRACTICE-BASED SKILLS AND COMPETENCIES: THE STUDENT WILL BE ABLE TO:
Cancer as a Chronic Illness/Supportive and Palliative Care	
Demonstrate knowledge of the implications of chronic illness and long-term survivorship in those affected by cancer.	Appropriately consider co-morbidity, the impact of chronic illness and long-term survivorship on the health status of the patient with cancer and members of his or her family and implement appropriate referrals to other professionals and agencies in respect of these.
Understand the potential consequences of long-term and late effects of cancer treatment.	Undertake a risk assessment and provide appropriate help and advice in respect to self-monitoring of long term consequences of cancer.
Describe the principles of rehabilitation, self-management and lifestyle interventions for improving quality of life in those affected by cancer.	Undertake an assessment of the motivation and capacity of the patient and members of his or her family to self-manage their condition and promotes a healthy lifestyle during cancer rehabilitation.
Understand the importance of long-term medicines management and the dangers of non-adherence in patients with cancer.	Effectively evaluate patient adherence and concordance when taking medication for cancer or other long-term chronic conditions and engage in patient education about the benefits of adherence.
Demonstrate an understanding of the importance of seamless transitions between the acute and home care and from active treatment to survival programs, palliative and end-of-life care.	Engage in appropriate discharge planning and co-ordinate care between different health and social care providers including voluntary and statutory care agencies.
Describe the role of supportive, palliative and end-of-life care, for patients and their family.	Facilitate appropriate discussions between health and social care professionals, patients and their family members to elicit their preferences with respect to the transition between active and palliative or end-of life care.

Table 5: Understanding Impact of Cancer on the Individual, Families and Healthcare Professionals (EONS 2013)

LEARNING OUTCOMES: THE STUDENT WILL BE ABLE TO:	PRACTICE-BASED SKILLS AND COMPETENCIES: THE STUDENT WILL BE ABLE TO:
Understanding Impact of Cancer on the Individual, Families and Healthcare Professionals	
Demonstrate an understanding of the potential psychosocial consequences of a cancer diagnosis and its treatment on individuals and their family members.	Provide advice and support to enable people to manage the impact of diagnosis and treatment on their relationships with those important to them.
Recognise the differing care needs of patients from disadvantaged or vulnerable groups.	Use evidence-based strategies to deal with communication issues and refer appropriately.
Discuss the impact of inheritable, social or lifestyle traits which predispose particular individuals or families to cancer and consider the impact of these on family health and social well-being.	Undertake a family risk assessment and discuss social, heritable or lifestyle factors with at risk individuals whilst alleviating anxiety and providing help and reassurance to the worried well.
Describe the theories of supportive care and how coping strategies impact on quality of life of people with cancer and their families.	Assess the supportive care needs of patients and their families and be able to refer as appropriate support services.
Consider the potential emotional stress of caring for people who have cancer.	Recognise the social, financial and emotional consequences of a cancer diagnosis for patients with cancer and family members and respond appropriately making suitable referrals if necessary.
Consider his/her own attitudes, beliefs and behaviours towards end-of-life care and appraises the clinical value of bereavement theories in palliative and end-of-life care.	Demonstrate tact, reflexivity and sensitivity towards the needs of patients who are dying, and demonstrate awareness of their psychosocial and spiritual needs, and those of their family members.

Table 6: Information and Communication in Cancer Care (EONS 2013)

LEARNING OUTCOMES: THE STUDENT WILL BE ABLE TO:	PRACTICE-BASED SKILLS AND COMPETENCIES: THE STUDENT WILL BE ABLE TO:
Information and Communication in Cancer Care	
Identify the information requirements of individuals with cancer during their cancer diagnosis, therapy, after care and period of supportive care.	Direct individuals and family members to appropriate services and provide a plan or prescription of information.
Describe health promotion theories and apply the principles of teaching and learning to patient education.	Assess the on-going and changing needs of the patient and family members for education, evaluating the individuals understanding of advice and information over time.
Reflect on communication skills and consider theories of good communication in supporting the individual and family affected by cancer.	Demonstrate the use of a range of communication techniques to promote well-being in a person with cancer, for example: counselling skills, challenging behaviour and active listening.
Discuss how advocacy and disclosure in cancer care can benefit and cause conflict between individuals with cancer, families and health care providers.	Recognise the ethical and legal dilemmas as an advocate in providing informed consent and support for patients with cancer.
Identify how multidisciplinary team communication can benefit patient care and improve transitions between acute and home care.	Provide information and advice within the multidisciplinary team to support patient care.
Differentiate between the different roles information technology can have in improving cancer documentation, remote health management and in providing supportive care.	Engage in electronic documentation and in supporting e-health and telemedicine within cancer care, for example, care planning and documentation systems, survivorship care plan.

Table 7: Clinical Leadership and Resource Management of Cancer Nursing (EONS 2013)

LEARNING OUTCOMES: THE STUDENT WILL BE ABLE TO:	PRACTICE-BASED SKILLS AND COMPETENCIES: THE STUDENT WILL BE ABLE TO:
Clinical Leadership and Resource Management of Cancer Nursing	
Consider the importance of legal, ethical and professional issues in relation to the care and management of patients with cancer.	Demonstrate the application of legal, ethical and professional principles in his/her practice and seek to act as an effective patient advocate at all times.
Analyse and discuss the contribution made by quality standards to the care of cancer patients.	Provide leadership in the implementation and evaluation of cancer quality standards.
Articulate the principles of risk assessment and management in relation to the care of cancer patients.	Assess risk and implement appropriate risk management strategies in order to promote patient well-being and safety in their practice area.
Reflect on leadership styles and how different models of clinical leadership can impact on management of cancer care.	Apply appropriate leadership and management strategies in their practice area and evaluate the impact of these upon others in the cancer care team.
Discuss the strategies which might be used to facilitate both his/her own, and others' learning in clinical practice.	Demonstrate evidence of his/her own continuing professional development and actively promote the learning of colleagues and others in the clinical practice area.
Discuss the importance of relevant resource management strategies in relation to cancer care.	Demonstrate the ability to plan, allocate, coordinate and evaluate the use of healthcare resources in an appropriate manner when providing care to patients with cancer and their families.

Table 8: Evidence-based and Applied Research in Cancer Care (EONS 2013)

LEARNING OUTCOMES: THE STUDENT WILL BE ABLE TO:	PRACTICE-BASED SKILLS AND COMPETENCIES: THE STUDENT WILL BE ABLE TO:
Evidence-based and Applied Research in Cancer Care	
Evaluate the importance of cancer nursing research to the field of cancer care.	Correctly identify he need for clinical evidence and formulate appropriate clinical questions when working in cancer settings.
Critically discuss the contribution of information technology to the implementation of evidence based practice in cancer nursing.	Make appropriate use of information technologies when retrieving evidence upon which to base cancer nursing interventions in their practice area.
Analyse different sources of information and apply as appropriate to practice.	Demonstrate the ability to provide evidence-based rationale for the cancer nursing interventions implemented in their clinical area.
Describe the principles of cancer clinical trials and the contribution which nurses make to the safe conduct of multidisciplinary research	Demonstrate his/her ability to participate in clinical trials as part of a multi-professional team and support more junior colleagues in this role.
Discuss ethical principles in relation to the conduct of cancer clinical trials.	Demonstrate appropriate strategies to safeguard the interests and well-being of patients including the obtaining of informed consent, maintaining patient confidentiality and dignity, documenting and reporting drug interactions or other adverse events where required.
Outline the use of health services research in cancer service development and explore the role of clinical audit in practice development.	Use specialist knowledge to contribute to the development of evidence based policies and procedures and practice development for cancer nursing.

Appendix 4: Palliative and end of life care outcomes

Table 9 focuses on palliative and end of life care and provides a summary of:

- European Association of Palliative Care Core Competencies in Palliative Care (Gamondi et al 2013a; 2013b)
- Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life (Skills for Health and Skills for Care, 2014)
- Greater Manchester, Lancashire and South Cumbria Strategic Clinical Networks (2014) Recommended Core Education Standards for Care and Support for the Dying Person in the Last Days and Hours of Life.

These documents provide guidance for practitioners/people working in social and health care who deliver general and specialist palliative care. The Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life (Skills for Health and Skills for Care, 2014) sets out the principles for working with adults at the end of their life, and describes the underpinning competences, knowledge and values the non-specialist workforce should have. These have been adapted and adopted by The Greater Manchester, Lancashire and South Cumbria Strategic Clinical Networks (2014) ‘Recommended Core Education Standards for Care and Support for the Dying Person in the Last Days and Hours of Life’ to include staff providing general and specialist palliative and end of life care.

Table 9: Palliative and End of Life Care Outcomes - Summary of Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life (Skills for Health and Skills for Care, 2014); Recommended Core Education Standards for Care and Support for the Dying Person in the Last Days and Hours of Life (Greater Manchester, Lancashire and South Cumbria Strategic Clinical Networks 2014), EAPC Core Competencies in Palliative Care (Gamondi et al 2013a; 2013b)

Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life (Skills for Health and Skills for Care, 2014)	Greater Manchester, Lancashire and South Cumbria Strategic Clinical Networks (2014) Recommended Core Education Standards for Care and Support for the Dying Person in the Last Days and Hours of Life	EAPC Ten core competencies in palliative care (Gamondi et al 2013a; 2013b)
Communication Skills • Communicate with a range of people on a range of matters in a form that is appropriate to them and the situation. • Develop and maintain communication with people about difficult and complex matters or situations related to end of life care. • Present information in a range of formats, including written and verbal, as appropriate to the circumstances. • Listen to individuals, their families and friends about their concerns related to the end of life and provide information and support. • Work with people, their families and friends in a sensitive and flexible manner, demonstrating awareness of the impact of death, dying and bereavement, and recognising that their priorities and ability to communicate may vary over time. • Work with colleagues to share information appropriately, taking account of issues of confidentiality, to ensure that people receive the best possible care. Ensure that information is	**Core areas of knowledge** identified including: • Clinical Review and Diagnosing Last Days of Life • Discuss and Agree Care Plan • Communicate to all involved • Document Individual Plan of Care and Support for the Dying Person in the Last Days and Hours of Life • Document Conversations • Care including mouth care, hygiene needs, skin integrity, oral food and hydration, symptoms, family support and spiritual care • Re-evaluate • Care After Death.	1) Apply core constituents of palliative care in the setting where patients and families are based 2) Enhance physical comfort throughout patients’ disease trajectories 3) Meet patients’ psychological needs 4) Meet patients’ social needs 5) Meet patients’ spiritual needs 6) Respond to the needs of the family carers in relation to short, medium and long-term patient care goals 7) Respond to the challenges of clinical and ethical decision-making

clear, and non-jargonistic, so that it can be fully understood by others.		in palliative care
Assessment and Care Planning • Work in a person-centred way, listening to and taking account of the wishes of the person and their carers. Recognise people as experts in their own lives. • Understand the range of assessment tools, and ways of gathering information including conversation, and know their advantages and disadvantages. • Assess pain and other symptoms in ways appropriate to your role, including using assessment tools, pain history, appropriate physical examination and relevant investigation. Know when to refer concerns to specialist colleagues. • Undertake/contribute to multi-disciplinary assessment and information sharing, including speaking to colleagues as part of the assessment process, and ensuring that, where information is already available, the person is not asked to provide the same information repeatedly. • Ensure that all assessments are holistic, including: • Background information about the person's life • Personal strengths, aspirations and priorities • Religious or other belief, cultural and lifestyle factors • Current physical health and prognosis, including underlying health or other conditions • Social, occupational, psychological and emotional and spiritual well-being • Religion and/or spiritual well-being, where		8) Practice comprehensive care co-ordination and interdisciplinary teamwork across all settings where palliative care is offered 9) Develop interpersonal and communication skills appropriate to palliative care 10) Practice self-awareness and undergo continuing professional development

appropriate. • Risk and risk management. • Ensure that the needs of carers, including children and young people, are taken into account and that carer support and, where appropriate, assessment are offered. • In partnership with others, review assessments to take account of changing needs, priorities and wishes, and ensure information about changes is properly shared.		
Symptom management, maintaining comfort and well being • Be aware that symptoms have many causes, including the illness itself, its treatment, any concurrent disorders, depression or anxiety, or other psychological or practical issues. Understand that different causes may require different approaches to treatment, care or support. • Recognise the importance of holistic understanding of the person's perception of their symptoms and how these impact upon their life. • Be aware of the range of therapeutic options available, including drugs, hormone therapy, physical therapies, counselling or other psychological interventions, complementary therapies, surgery, community or practical support. • In partnership with others, including the person and their carers, develop an end of life care plan which balances disease-specific treatment with care and support that meets the needs and wishes of the person. • Know when a person requires specialist support and ensure that appropriate practitioners are		

informed. - Ensure any plan is regularly reviewed and updated to meet changing needs, wishes and priorities, including managing pain and other symptoms.		
Advance Care Planning - Demonstrate awareness and understanding of Advance Care Planning, and the times at which it would be appropriate. - Demonstrate awareness and understanding of the legal status and implications of the Advance Care Planning process in accordance with the provisions of the Mental Capacity Act 2005. - Show understanding of Informed Consent, and demonstrate the ability to give sufficient information in an appropriate manner. - Use effective, sensitive communication skills when having Advance Care Planning discussions as part of on-going assessment and intervention. - Work sensitively with families and friends to support them as the person decides upon their preferences and wishes during the Advance Care Planning process. - Where appropriate, ensure that the wishes of the individual, as described in an Advance Care Planning statement, are shared (with permission) with other workers. - When appropriate, know what the Advance Care Planning statement contains, and how this will impact upon a person's care and support.		
Underpinning Values - Person-centred practice that recognises the circumstances, concerns, goals, beliefs and cultures of the person, their family and friends,		

and acknowledges the significance of spiritual, emotional and religious support. • Practice that keeps the person at the centre of multi-agency integrated care and support. • Practice that is sensitive to the support needs of the family and friends, including children and young people, both as part of end of life care, and following bereavement. • Awareness of the importance of contributing to the on-going improvement of care and support, participating as appropriate in the evaluation and development, and of involving the people receiving care and support in that process. • Taking responsibility for one's own learning and continuing professional development, and contributing to the learning of others. **Knowledge** • Your own professional role and boundaries. • The roles of other practitioners you are working with. • Professional codes of practice or conduct, including the range of common core principles, and their impact on practice. • Relevant legislation and guidance, for example, the Mental Capacity Act (2005) and the Mental Health Act (2007) as they relate to end of life care. • The impact of your own beliefs on your practice • Approaches to risk assessment, risk management, and risk taking. • Approaches to and theories of change, loss and bereavement. • Social models of care and person-centred approaches.		

Appendix 5: Minimum operating standards/outcomes

Tables 10-14 define the minimum outcomes identified for each workforce group. The outcomes were informed by the evidence listed in Appendix 4. Draft questions, reflecting these outcomes, were circulated to, reviewed by, and agreed with members of the primary, palliative care and community workstreams with the exception of the outcomes in Table 11. Table 11 focuses on Practice Managers. Specific outcomes for Practice Managers were not developed or included in the cancer-specific learning and development questionnaire. The learning and development outcomes for Practice Managers in Table 11 were identified during the separate scoping exercise for learning and development opportunities.

Table 10 Minimum outcomes for:
Administrative and Reception staff

Learning Outcomes The workforce member will be able to:
The Context of Cancer Care (LCS: Early Diagnosis)
1.1 Demonstrate an understanding of cancer risk factors and screening for common cancers.
Basic Science and Treatment of Cancer (LCS: Acute Oncology)
2.1 Demonstrate an understanding of cancer and the common treatment approaches focusing on the four common cancers (breast, colorectal, prostate and lung).
Health & Social Care Professional Assessment & Interventions in the management of people affected by cancer (LCS: Acute Oncology)
No outcomes.
Cancer as a Chronic illness/Supportive and Palliative Care (LCS: Survivorship)
3.1 Demonstrate an understanding of the potential psychosocial consequences of a cancer diagnosis and its treatment on individuals and their family members.
Understanding Impact of Cancer on the Individual, Families and Healthcare Professionals (LCS: Survivorship)
3.2 Demonstrate tact, reflexivity and sensitivity towards the needs of patients who are dying, and demonstrate awareness of their psychosocial and spiritual needs, and those of their family members.
Information and Communication in Cancer Care (LCS: Communication)
4.1 Identify the information requirements of individuals with cancer during their cancer diagnosis, therapy, after care and period of supportive care. 4.2 Reflect on communication skills and consider theories of good communication in supporting the individual and family affected by cancer. 4.3 Demonstrate the use of a range of communication techniques to promote well-being in a person with cancer, for example: active listening. 4.4 Identify how multidisciplinary team communication can benefit patient care and improve transitions between acute and home care. 4.5 Direct individuals and family members to appropriate services and provide a plan or prescription of information. 4.6 Provide information and advice within the multidisciplinary team to support patient care.
LCS: Palliative Care **Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life (Skills for Health and Skills for Care, 2014); Greater Manchester, Lancashire and South Cumbria Strategic Clinical Networks (2014) Recommended Core Education Standards for Care and Support for the Dying Person in the Last Days and Hours of Life**
5.1 Work with people, their families and friends in a sensitive and flexible manner, demonstrating awareness of the impact of death, dying and bereavement, and recognising that their priorities and ability to communicate may vary over time.

Table 11 Minimum outcomes for: Practice Managers

In addition to the outcomes identified for Administrative and Reception staff, it is recognised that Practice Managers will, alongside General Practitioners, co-ordinate the development of services for people affected by cancer within their practice, ensuring appropriate resources are available and that the workforce receive appropriate training/education and support. Procedures and processes for recording and monitoring data for national reporting will be required necessitating Practice Managers to be aware of cancer policies and standards.

Table 11 summarises the learning outcomes identified for Practice Managers to co-ordinate their primary care service to support people affected by cancer.

Learning Outcomes The workforce member will be able to:
LCS: Early Diagnosis/Acute Oncology/Survivorship/Communication/Palliative Care
1.1 Critically review the different policy contexts in which cancer care is delivered. 1.2 Outline the principles of cancer practice and explain how health care is organised through the cancer journey. 1.3 Communicate the different roles, responsibilities and functions of a multi-professional team and respond effectively to population and individual needs.
1.4 Lead a service that supports individuals through significant life events including: • Be able to implement organisational systems and procedures necessary to support individuals experiencing significant life events • Be able to ensure sufficient and appropriate resources to support individuals experiencing significant life events • Be able to ensure staff can respond to individuals experiencing significant life events.

Table 12 Minimum outcomes for:
Unregistered Support Workers in Health & Social Care

Learning Outcomes The workforce member will be able to:
The Context of Cancer Care (LCS: Early Diagnosis)
1.1 Demonstrate an understanding of cancer risk factors and screening for common cancers.
Basic Science and Treatment of Cancer (LCS: Acute Oncology)
2.1 Demonstrate an understanding of cancer and the common treatment approaches focusing on the four common cancers (breast, colorectal, prostate and lung).
Health & Social Care Professional Assessment & Interventions in the Management of People Affected by Cancer (LCS: Acute Oncology)
No outcomes.
Cancer as a Chronic Illness/Supportive and Palliative Care (LCS: Survivorship)
3.1 Demonstrate an understanding of the potential psychosocial consequences of a cancer diagnosis and its treatment on individuals and their family members 3.2 Recognise the differing care needs of patients from disadvantaged or vulnerable groups
Understanding Impact of Cancer on the Individual, Families and Healthcare Professionals (LCS: Survivorship)
3.3 Consider own attitude, beliefs and behaviours towards end of life care. 3.4 Demonstrate tact, reflexivity and sensitivity towards the needs of patients who are dying, and demonstrate awareness of their psychosocial and spiritual needs, and those of their family members.
Information and Communication in Cancer Care (LCS: Communication)
4.1 Identify the information requirements of individuals with cancer during their cancer diagnosis, therapy, after care and period of supportive care. 4.2 Reflect on communication skills and consider theories of good communication in supporting the individual and family affected by cancer. 4.3 Demonstrate the use of a range of communication techniques to promote well-being in a person with cancer, for example: active listening. 4.4 Identify how multidisciplinary team communication can benefit patient care and improve transitions between acute and home care. 4.5 Direct individuals and family members to appropriate services and provide a plan or prescription of information. 4.6 Provide information and advice within the multidisciplinary team to support patient care.
LCS: Palliative Care **Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life (Skills for Health and Skills for Care, 2014); Greater Manchester, Lancashire and South Cumbria Strategic Clinical Networks (2014) Recommended Core Education Standards for Care and Support for the Dying Person in the Last Days and Hours of Life**
5.1 Understand the philosophy and principles of palliative care. 5.2 Work with people, their families and friends in a sensitive and flexible manner, demonstrating awareness of the impact of death, dying and bereavement, and recognising that their priorities and ability to communicate may vary over time. 5.3 Contribute to multi-disciplinary assessment and information sharing. 5.4 Assess pain and other symptoms in ways appropriate to your role. Know when to refer to specialist colleagues. 5.5 Contribute to delivery of personal and psychological care. 5.6 Demonstrate awareness and understanding of Advance Care Planning and the times when it may be appropriate. 5.7 Work in accordance with care of the body after death policies 5.8 Support families and friends of the deceased.

Table 13 Minimum outcomes for:
Registered Professionals in Health & Social Care (Registered Nurses and Allied Health and Social Care Professionals)

Learning Outcomes The workforce member will be able to:
The Context of Cancer Care (LCS: Early Diagnosis)
1.1 Identify common causes, signs and symptoms of cancer and explain how their recognition and early diagnosis influences morbidity. 1.2 Outline the principles of cancer practice and explain how health care is organised through the cancer journey in order to respond effectively to population and individual needs. 1.3 Communicate the different roles, responsibilities and functions of a multi-professional team.
Basic Science and Treatment of Cancer (LCS: Acute Oncology)
2.1 Demonstrate an understanding of the aetiology and biology in the development of cancer in order to provide information and reassurance about the causes of cancer to patients and their families. 2.2 Identify risk factors for cancer and describe approaches for prevention, screening and early detection of cancer (focus on four common cancers). 2.3 Describe approaches to the diagnosis and staging of cancer and own role in supporting patients through this process. 2.4 Demonstrate understanding of the principles of cancer therapies in order to explain and facilitate patient education and choice. 2.5 Demonstrate knowledge of the common acute and late side effects of cancer therapies.
Health & Social Care Professional Assessment & Interventions in the Management of People Affected by Cancer (LCS: Acute Oncology)
2.6 Demonstrate the principles of holistic assessment in cancer practice taking into account relevant physical, social, cultural, psychological and spiritual factors. 2.7 Demonstrate knowledge of management of cancer symptoms and treatment side effects.
Cancer as a Chronic Illness/Supportive and Palliative Care (LCS: Survivorship)
3.1 Demonstrate knowledge of the implications of chronic illness and long-term survivorship in those affected by cancer and implement appropriate referrals to other professionals and agencies in respect of these. 3.2 Understand the potential consequences of long-term and late effects of cancer treatment. 3.3 Describe the principles of rehabilitation, self-management and lifestyle interventions for improving quality of life in those affected by cancer. 3.4 Understand the importance of long-term medicines management and the dangers of non-adherence in patients with cancer. 3.5 Demonstrate an understanding of the importance of seamless transitions between the acute and home care and from active treatment to survival programmes, palliative and end-of-life care. 3.6 Describe the role of supportive, palliative and end-of-life care, for patients and their family.
Understanding Impact of Cancer on the Individual, Families and Healthcare Professionals (LCS: Survivorship)
3.7 Demonstrate an understanding of the potential social, financial and emotional consequences of a cancer diagnosis and its treatment on individuals and their family members. 3.8 Recognise the differing care needs of patients from disadvantaged or vulnerable groups. 3.9 Discuss the impact of inheritable, social or lifestyle traits which predispose particular

individuals or families to cancer and, where appropriate, refer patient for a family history assessment.
Information and Communication in Cancer Care (LCS: Communication)
4.1 Identify the information requirements of individuals with cancer during their cancer diagnosis, therapy, after care and period of supportive care. 4.2 Reflect on communication skills and consider theories of good communication in supporting the individual and family affected by cancer. 4.3 Demonstrate the use of a range of communication techniques to promote well-being in a person with cancer, for example: active listening. 4.4 Identify how multidisciplinary team communication can benefit patient care and improve transitions between acute and home care. 4.5 Direct individuals and family members to appropriate services and provide a plan or prescription of information. 4.6 Provide information and advice within the multidisciplinary team to support patient care.
Palliative Care **Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life (Skills for Health and Skills for Care, 2014); Greater Manchester, Lancashire and South Cumbria Strategic Clinical Networks (2014) Recommended Core Education Standards for Care and Support for the Dying Person in the Last Days and Hours of Life**
5.1 Understand the philosophy and principles of palliative care. 5.2 Work with people, their families and friends in a sensitive and flexible manner, demonstrating awareness of the impact of death, dying and bereavement, and recognising that their priorities and ability to communicate may vary over time. 5.3 Contribute to multi-disciplinary assessment and information sharing including the individualised plan of care and support for the dying person to other key professionals involved in the person's care. 5.4 Assess pain and other symptoms in ways appropriate to own role. Know when to refer to specialist colleagues. 5.5 Contribute to delivery of personal and psychological care acting upon the recognition or the signs that a person is clinically unstable and may not recover. 5.6 Demonstrate awareness and understanding of Advance Care Planning and the times when it may be appropriate. 5.7 Work in accordance with care of the body after death policies. 5.8 Identify, support and refer appropriately people at risk in bereavement. 5.9 Demonstrate understanding of the impact of loss and grief, including how to support individuals who are bereaved.

Table 14 Minimum outcomes for:
Registered Professionals in Health & Social Care (GPs and doctors)

Learning Outcomes The workforce member will be able to:
The Context of Cancer Care (LCS: Early Diagnosis)
1.1 Identify common causes, signs and symptoms of cancer and refer for further investigations/review as per national guidelines/standards. 1.2 Demonstrate awareness of how health care is organised through the cancer journey in order to respond effectively to population and individual needs. 1.3 Communicate the different roles, responsibilities and functions of a multi-professional team.
Basic Science and Treatment of Cancer (LCS: Acute Oncology)
2.1 Demonstrate an understanding of the aetiology and biology in the development of cancer in order to provide information and reassurance about the causes of cancer to patients and their families. 2.2 Identify risk factors for cancer and implement approaches for prevention, screening and early detection of cancer (focus on four common cancers). 2.3 Describe approaches to the diagnosis and staging of cancer and own role in supporting patients through this process. 2.4 Demonstrate understanding of the principles of cancer therapies in order to explain and facilitate patient education and choice. 2.5 Demonstrate knowledge of the common acute and late side effects of cancer therapies.
Health & Social Care Professional Assessment & Interventions in the Management of People Affected by Cancer (LCS: Acute Oncology)
2.6 Demonstrate the principles of holistic assessment in cancer practice taking into account relevant physical, social, cultural, psychological and spiritual factors and making referrals to appropriate services as required. 2.7 Demonstrate knowledge of management of cancer symptoms and treatment side effects.
Cancer as a Chronic illness/Supportive and Palliative Care (LCS: Survivorship)
3.1 Demonstrate knowledge of the implications of chronic illness and long-term survivorship in those affected by cancer and implement appropriate referrals to other professionals and agencies in respect of these. 3.2 Understand the potential consequences of long-term and late effects of cancer treatment. 3.3 Describe the principles of rehabilitation, self-management and lifestyle interventions for improving quality of life in those affected by cancer. 3.4 Understand the importance of long-term medicines management and the dangers of non-adherence in patients with cancer. 3.5 Demonstrate an understanding of the importance of seamless transitions between the acute and home care and from active treatment to survival programmes, palliative and end-of-life care. 3.6 Describe the role of supportive, palliative and end-of-life care, for patients and their family.
Understanding Impact of Cancer on the Individual, Families and Healthcare Professionals (LCS: Survivorship)
3.7 Demonstrate an understanding of the potential social, financial and emotional consequences of a cancer diagnosis and its treatment on individuals and their family members. 3.8 Recognise the differing care needs of patients from disadvantaged or vulnerable groups. 3.9 Discuss the impact of inheritable, social or lifestyle traits which predispose particular individuals or families to cancer and, where appropriate, refer patient for a family history

assessment.
Information and Communication in Cancer Care (LCS: Communication)
4.1 Identify the information requirements of individuals with cancer during their cancer diagnosis, therapy, after care and period of supportive care. 4.2 Reflect on communication skills and consider theories of good communication in supporting the individual and family affected by cancer. 4.3 Demonstrate the use of a range of communication techniques to promote well-being in a person with cancer, for example: active listening. 4.4 Identify how multidisciplinary team communication can benefit patient care and improve transitions between acute and home care. 4.5 Direct individuals and family members to appropriate services and provide a plan or prescription of information. 4.6 Provide information and advice within the multidisciplinary team to support patient care.
LCS: Palliative Care **Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life (Skills for Health and Skills for Care, 2014); Greater Manchester, Lancashire and South Cumbria Strategic Clinical Networks (2014) Recommended Core Education Standards for Care and Support for the Dying Person in the Last Days and Hours of Life**
5.1 Understand the philosophy and principles of palliative care. 5.2 Work with people, their families and friends in a sensitive and flexible manner, demonstrating awareness of the impact of death, dying and bereavement, and recognising that their priorities and ability to communicate may vary over time. 5.3 Contribute to multi-disciplinary assessment and information sharing including with out-of-hours services. 5.4 Assess pain and other symptoms in ways appropriate to own role. Know when to refer to specialist colleagues. 5.5 Prescribe anticipatory medications for potential specific symptoms including pain, nausea/vomiting, breathlessness, noisy breathing, agitation, confusion, dry mouth. 5.6 Initiate and manage conversations with the dying person regarding their preferences for end of life care using Advance Care Planning. Assess mental capacity for each decision 5.7 Recognise and manage reversible causes of deterioration. 5.8 Identify, support and refer appropriately people at risk in bereavement. 5.9 Demonstrate understanding of the impact of loss and grief, including how to support individuals who are bereaved.

Appendix 6: Learning and development summary profiles

Tables 15-19 provide ‘Learning and development summary profiles’ with the suggested learning and development outcomes and learning opportunities required by the workforce groups to achieve the minimum learning outcomes/standards identified.

Learning and development summary profiles are included for:

Table 15	Practice Manager
Table 16	Administrative and Reception staff
Table 17	Unregistered Support Workers in Health and Social Care
Table 18	Registered Nurses and Allied Health and Social Care Professionals
Table 19	GPs and doctors

Table 15: Learning and development summary profile: Practice Manager

Course	**Lead a service that supports individuals through significant life events (QCF Level 5)**
Course Reference	**L/503/8138**
Provided by	**Skills for Care/local provider**
LCS Area(s)	
Course Aims	Lead a service that supports individuals through significant life events including: 1. Be able to implement organisational systems and procedures necessary to support individuals experiencing significant life events. 2. Be able to ensure sufficient and appropriate resources to support individuals experiencing significant life events. 3. Be able to ensure staff can respond to individuals experiencing significant life events.
Learning Outcomes/Objectives	1.1 Ensure systems and structures in your setting enable and demonstrate acceptance for cultural diversity, individual wishes, needs and preferences. 1.2 Ensure organisational systems and procedures uphold person centred approaches. 1.3 Implement organisational systems and procedures that ensure quality of service when supporting individuals experiencing significant life events. 1.4 Implement effective communication systems which promote open, sensitive and appropriate communication. 1.5 Implement reporting and recording systems which safeguard people you support in line with national and local agreed ways of working. 1.6 Ensure administrative arrangements for legal or financial issues are in line with legal requirements. 1.7 Describe how your organisational systems and procedures can respond to the particular and future needs, wishes and preferences of individuals experiencing significant life events. 1.8 Analyse how the service operates in ways which promote active participation for those you support, their families and carers. 1.9 Explain how to resolve tensions or conflicts that may arise for individuals experiencing significant life events, their families and carers. 2.1 Ensure appropriate staffing and skills levels that would be necessary to respond to individuals experiencing significant life events. 2.2 Provide staff and others for whom you are responsible with appropriate learning opportunities to enable them to respond sensitively to individuals experiencing significant life events. 2.3 Identify specialist resources that may be required in supporting individuals experiencing significant life events. 2.4 Develop collaborative working partnerships with other key services and resources to support individuals experiencing significant life events. 2.5 Implement effective methods for sharing information with other services as appropriate. 3.1 Support staff and others to accept and respect the emotions associated with major life changes and loss. 3.2 Support staff and others to accept and respond sensitively to individuals wishes, choices and spiritual needs. 3.3 Support staff to monitor individuals' emotional, behavioural, psychological or physical changes.

	3.4 Support staff and others to communicate effectively in response to individuals experiencing significant life events. 3.5 Implement systems and procedures for staff to be able to seek additional guidance and information where they are faced with a situation which is outside of their own expertise. 3.6 Provide appropriate support systems for staff and others to help them to manage the impact of their work on their own emotional and physical needs.
Core content	
Delivery options	
Duration of course	
Timing of course	
Capacity	
Staff groups	For managers in health and social care services to demonstrate how they can lead and manage end of life care services that promote positive experiences for individuals and their families at the end of life.
Total cost	
Unit cost	
Comments	Skills for Care identify this as one mandatory unit of 2 for a level 5 certificate in leading and managing services to support end of life and significant life events. This unit has been selected as it focuses on patients with any life-limiting illness and beyond end of life care. Bespoke version to be commissioned to meet outcomes identified by Skills for Care: Lead a service that supports individuals through significant life events (QCF Level 5).
Recommendations	The outcomes identified for communication/information giving and palliative care reflect those identified in the Recommended Core Education Standards for Care and Support for the Dying Person in the Last Days and Hours of Life (Greater Manchester, Lancashire and South Cumbria Strategic Clinical Networks, 2014)

Table 16: Learning and development summary profile: Administrative and Reception staff

Course	**Introduction to Cancer and Palliative Care**
Course Reference	
Provided by	**Local provider/Macmillan Online**
LCS Area(s)	**All**
Course Aims	To provide an introduction to cancer & palliative care
Learning Outcomes/Objectives	**1. Early Diagnosis:** 1.1 Demonstrate an understanding of cancer risk factors and screening for common cancers. **2. Acute Oncology:** 2.1 Demonstrate an understanding of cancer and the common treatment approaches focusing on the four common cancers (breast, colorectal, prostate and lung). **3. Survivorship:** 3.1 Demonstrate an understanding of the potential psychosocial consequences of a cancer diagnosis and its treatment on individuals and their family members. 3.2 Demonstrate tact, reflexivity and sensitivity towards the needs of patients who are dying, and demonstrate awareness of their psychosocial and spiritual needs, and those of their family members. **4. Information and Communication:** 4.1 Identify the information requirements of individuals with cancer during their cancer diagnosis, therapy, after care and period of supportive care. 4.2 Reflect on communication skills and consider theories of good communication in supporting the individual and family affected by cancer. 4.3 Demonstrate the use of a range of communication techniques to promote well-being in a person with cancer, for example: active listening. 4.4 Identify how multidisciplinary team communication can benefit patient care and improve transitions between acute and home care. 4.5 Direct individuals and family members to appropriate services and provide a plan or prescription of information. 4.6 Provide information and advice within the multidisciplinary team to support patient care. . **5. Palliative Care:** 5.1 Work with people, their families and friends in a sensitive and flexible manner, demonstrating awareness of the impact of death, dying and bereavement, and recognising that their priorities and ability to communicate may vary over time
Core content	**1. Early Diagnosis and 2. Acute Oncology** • Introduction to cells, tissues and cancer • Classification of cancer – focus on four common cancers • The spread of cancer • Screening for cancer • Overview of treatment options **3. Survivorship** • Experience of carers, children, friends and non-traditional

	families • Impact of cancer diagnosis, recurrence and prognosis • Impact of cancer on disadvantaged groups, e.g. the elderly, immigrants, mentally ill, those with learning disabilities and those on low incomes • Societal attitudes to cancer **4. Information and Communication:** • Communication skills – effective and culturally sensitive communication • Optimising patient and family education – information giving • Patients autonomy and integrity • Professional/team communication • Sources of information and support **5. Palliative Care:** • Introduction to principles and practices of palliative care • Reactions to loss and bereavement
Delivery options	Introduction to Cancer & Palliative Care: Face to face/blended Sage & Thyme Foundation Level: Face to face
Duration of course	Introduction to Cancer and Palliative Care: Face to face/Blended – 2 days Sage & Thyme Foundation Level: Face to face – 3 hours
Timing of course	
Capacity	
Staff groups	For administrative and reception staff in community (health and social care), primary and palliative care
Total cost	
Unit cost	
Comments	Suggestion to meet outcomes identified above for this staff group: 1) Communication skills training - Sage and Thyme Foundation Level (3 hours face-to-face) 2) Introduction to Cancer & Palliative Care – May be bespoke or modified commission for equivalent of 2 days face-to-face. May be developed as blended learning with Macmillan: Introduction to cancer (online) programme. Bespoke version commissioned or Modified version of Christie School of Oncology: 'An introduction to cancer – anatomy, biology and treatment' to focus on four common cancers including screening, treatment and sources of information/support. Principles of palliative care including reactions to loss and bereavement (Equivalent to 2 days face to face. May be developed as blended learning by including: Macmillan: Introduction to cancer (online)
Recommendations	The outcomes identified for communication/information giving and palliative care reflect those identified in the Recommended Core Education Standards for Care and Support for the Dying Person in the Last Days and Hours of Life (Greater Manchester, Lancashire and South Cumbria Strategic Clinical Networks, 2014)

Table 17: Learning and development summary profile: Unregistered Support Workers in Health and Social Care

Course	**Foundations in Cancer and Palliative Care**
Course Reference	
Provided by	**Local provider/to incorporate Macmillan Online**
LCS Area(s)	**All**
Course Aims	To provide an introduction to cancer & palliative care
Learning Outcomes/Objectives	**1. Early Diagnosis:** 1.1 Demonstrate an understanding of cancer risk factors and screening for common cancers. **2. Acute Oncology:** 2.1 Demonstrate an understanding of cancer and the common treatment approaches focusing on the four common cancers (breast, colorectal, prostate and lung). **3. Survivorship:** 3.1 Demonstrate an understanding of the potential psychosocial consequences of a cancer diagnosis and its treatment on individuals and their family members. 3.2 Recognise the differing care needs of patients from disadvantaged or vulnerable groups. 3.3 Consider own attitude, beliefs and behaviours towards end of life care. 3.4 Demonstrate tact, reflexivity and sensitivity towards the needs of patients who are dying, and demonstrate awareness of their psychosocial and spiritual needs, and those of their family members. **4. Information and Communication:** 4.1 Identify the information requirements of individuals with cancer during their cancer diagnosis, therapy, after care and period of supportive care. 4.2 Reflect on communication skills and consider theories of good communication in supporting the individual and family affected by cancer. 4.3 Demonstrate the use of a range of communication techniques to promote well-being in a person with cancer, for example: active listening. 4.4 Identify how multidisciplinary team communication can benefit patient care and improve transitions between acute and home care. 4.5 Direct individuals and family members to appropriate services and provide a plan or prescription of information. 4.6 Provide information and advice within the multidisciplinary team to support patient care. . **5 Palliative Care:** 5.1 Understand the philosophy and principles of palliative care. 5.2 Work with people, their families and friends in a sensitive and flexible manner, demonstrating awareness of the impact of death, dying and bereavement, and recognising that their priorities and ability to communicate may vary over time. 5.3 Contribute to multi-disciplinary assessment and information sharing. 5.4 Assess pain and other symptoms in ways appropriate to your role. Know when to refer to specialist colleagues. 5.5 Contribute to delivery of personal and psychological care.

	5.6 Demonstrate awareness and understanding of Advance Care Planning and the times when it may be appropriate. 5.7 Work in accordance with care of the body after death policies. 5.8 Support families and friends of the deceased.
Core content	**1. Early Diagnosis and 2. Acute Oncology** • Introduction to cells, tissues and cancer • Classification of cancer – focus on four common cancers • The spread of cancer • Screening for cancer • Overview of treatment options **3. Survivorship** • Experience of carers, children, friends and non-traditional families • Impact of cancer diagnosis, recurrence and prognosis • Impact of cancer on disadvantaged groups, e.g. the elderly, immigrants, mentally ill, those with learning disabilities and those on low incomes • Societal attitudes to cancer **4. Information and Communication:** • Communication skills – effective and culturally sensitive communication • Optimising patient and family education – information giving • Patients autonomy and integrity • Professional/team communication • Sources of information and support **5. Palliative Care:** • Principles of palliative care – physical, psychological, social and spiritual needs of dying person and their family • Symptom management – focus on pain, nausea/vomiting, breathlessness, noisy breathing, agitation, constipation, urinary retention, confusion • Personal care – skin integrity, oral care, hair care, nutrition and hydration • Understanding reactions to loss and bereavement • Providing bereavement support
Delivery options	Foundations in Cancer and Palliative Care: Face to face/Blended Foundation Level Communication Skills, Care & Compassions, Dignity & Respect (1 day)
Duration of course	Foundations in Cancer and Palliative Care: Face to face/Blended – 4 days Foundation Level Communication Skills, Care & Compassions, Dignity & Respect (1 day)
Timing of course	
Capacity	
Staff groups	For unregistered support workers in community (health and social care), primary and palliative care
Total cost	
Unit cost	
Comments	Suggestion to meet outcomes identified above for this staff group: 1. Communication skills training - Foundation Level Communication Skills, Care & Compassions, Dignity & Respect (1 day)

	2. Foundations in Cancer and Palliative Care - May be bespoke or modified commission for equivalent of 4 days face-to-face. May be developed as blended learning with Macmillan: Introduction to cancer (online) programme. Bespoke version commissioned or Modified version of Christie School of Oncology to form one 'unit': 'An introduction to cancer – anatomy, biology and treatment' to focus on four common cancers including screening, treatment, and sources of information/support Introduction to principles and practice of palliative and end of life care (Equivalent to 4 days face-to-face. May be developed as blended learning by including: Macmillan: Introduction to cancer (online))
Recommendations	The outcomes identified for communication/information giving and palliative care reflect those identified in the Recommended Core Education Standards for Care and Support for the Dying Person in the Last Days and Hours of Life (Greater Manchester, Lancashire and South Cumbria Strategic Clinical Networks, 2014).

Table 18: Learning and development summary profile: Registered Nurses and Allied Health and Social Care Professionals

Course	**Delivering effective cancer care in primary and community settings (Registered Nurses and Allied Health & Social Care Professionals)**
Course Reference	
Provided by	**Local provider**
LCS Area(s)	**All**
Course Aims	To enhance knowledge and understanding of cancer & palliative care
Learning Outcomes/Objectives	**1. Early Diagnosis:** 1.1 Identify common causes, signs and symptoms of cancer and explain how their recognition and early diagnosis influences morbidity. 1.2 Outline the principles of cancer practice and explain how health care is organised through the cancer journey in order to respond effectively to population and individual needs 1.3 Communicate the different roles, responsibilities and functions of a multi-professional team **2. Acute Oncology:** 2.1 Demonstrate an understanding of the aetiology and biology in the development of cancer in order to provide information and reassurance about the causes of cancer to patients and their families. 2.2 Identify risk factors for cancer and describe approaches for prevention, screening and early detection of cancer (focus on 4 common cancers). 2.3 Describe approaches to the diagnosis and staging of cancer and own role in supporting patients through this process. 2.4 Demonstrate understanding of the principles of cancer therapies in order to explain and facilitate patient education and choice. 2.5 Demonstrate knowledge of the common acute and late side effects of cancer therapies. 2.6 Demonstrate the principles of holistic assessment in cancer practice taking into account relevant physical, social, cultural, psychological and spiritual factors. 2.7 Demonstrate knowledge of management of cancer symptoms and treatment side effects. **3. Survivorship:** 3.1 Demonstrate knowledge of the implications of chronic illness and long-term survivorship in those affected by cancer and implement appropriate referrals to other professionals and agencies in respect of these. 3.2 Understand the potential consequences of long term and late effects of cancer treatment. 3.3 Describe the principles of rehabilitation, self-management and lifestyle interventions for improving quality of life in those affected by cancer. 3.4 Understand the importance of long-term medicines management and the dangers of non-adherence in patients with cancer. 3.5 Demonstrate an understanding of the importance of seamless transitions between the acute and home care and from active treatment to survival programmes, palliative and

	end-of-life care. 3.6 Describe the role of supportive, palliative and end-of-life care, for patients and their family. 3.7 Demonstrate an understanding of the potential social, financial and emotional consequences of a cancer diagnosis and its treatment on individuals and their family members. 3.8 Recognise the differing care needs of patients from disadvantaged or vulnerable groups. 3.9 Discuss the impact of inheritable, social or lifestyle traits which predispose particular individuals or families to cancer and, where appropriate, refer patient for a family history assessment **4. Information and Communication:** 4.1 Identify the information requirements of individuals with cancer during their cancer diagnosis, therapy, after care and period of supportive care. 4.2 Reflect on communication skills and consider theories of good communication in supporting the individual and family affected by cancer. 4.3 Demonstrate the use of a range of communication techniques to promote well-being in a person with cancer, for example: active listening. 4.4 Identify how multidisciplinary team communication can benefit patient care and improve transitions between acute and home care. 4.5 Direct individuals and family members to appropriate services and provide a plan or prescription of information. 4.6 Provide information and advice within the multidisciplinary team to support patient care. **5. Palliative Care:** 5.1 Understand the philosophy and principles of palliative care. 5.2 Work with people, their families and friends in a sensitive and flexible manner, demonstrating awareness of the impact of death, dying and bereavement, and recognising that their priorities and ability to communicate may vary over time. 5.3 Contribute to multi-disciplinary assessment and information sharing including the individualised plan of care and support for the dying person to other key professionals involved in the person's care. 5.4 Assess pain and other symptoms in ways appropriate to own role. Know when to refer to specialist colleagues. 5.5 Contribute to delivery of personal and psychological care acting upon the recognition or the signs that a person is clinically unstable and may not recover. 5.6 Demonstrate awareness and understanding of Advance Care Planning and the times when it may be appropriate. 5.7 Work in accordance with care of the body after death policies. 5.8 Identify, support and refer appropriately people at risk in bereavement. 5.9 Demonstrate understanding of the impact of loss and grief, including how to support individuals who are bereaved.
Core content	**1. Early Diagnosis** • Organisation of cancer services • Cancer pathway – prevention, screening, early detection, pre-diagnosis, management, treatment, post-treatment,

	follow-up, survivorship/rehabilitation, palliative and end of life care • Cancer risk **2. Acute Oncology** • Introduction to cells, tissues and cancer – carcinogenesis • Classification of cancer – focus on four common cancers • Staging and grading of cancer, tumour markers • Metastases and the spread of cancer • Screening for cancer • Overview of treatment options – surgery, radiotherapy, systemic therapy (chemotherapy, hormone therapy, targeted therapy) • Acute and late side effects of cancer treatment **3. Survivorship** • Holistic assessment including assessment of information needs • Cancer related signs and symptoms, treatment related signs and symptoms • Recognition and management of oncological emergencies (including neutropenia and spinal cord compression) • Experience of carers, children, friends and non-traditional families • Impact of cancer diagnosis, recurrence and prognosis • Impact of cancer on disadvantaged groups, e.g. the elderly, immigrants, mentally ill, those with learning disabilities and those on low incomes • Societal attitudes to cancer • Principles of rehabilitation and self-management **4. Information and Communication:** • Communication skills – effective and culturally sensitive communication • Optimising patient and family education – information giving • Breaking bad news • Patients autonomy and integrity • Professional/team communication • Sources of information and support **5. Palliative Care:** • Principles of palliative care – physical, psychological, social and spiritual needs of dying person and their family • Symptom management – focus on pain, nausea/vomiting, breathlessness, noisy breathing, agitation, constipation, urinary retention, confusion • Personal care – skin integrity, oral care, hair care, nutrition and hydration • Cultural approaches to death and dying • End of life definitions and triggers for assessment • Advance Care Planning • Understanding reactions to loss and bereavement • Bereavement risk assessment • Providing bereavement support
Delivery options	Delivering effective cancer care in primary and community settings (5 days) Enhanced Communication Skills (Intermediate level) (2 days)
Duration of course	Delivering effective cancer care in primary and community

	settings (5 days) Enhanced Communication Skills (Intermediate level) (2 days)
Timing of course	
Capacity	
Staff groups	For Registered Nurses and Allied Health Professionals in community (health and social care), primary and palliative care
Total cost	
Unit cost	
Comments	Suggestion to meet outcomes identified above for this staff group: 1. Enhanced Communication Skills (Intermediate level) (2 days) 2. Delivering effective cancer care in primary and community settings. May be bespoke or modified commission for equivalent of 5 days face-to-face. May be developed as blended learning with Macmillan: Introduction to cancer (online) programme. Bespoke version commissioned could include: Modified version of Christie School of Oncology to form one 'unit': 'An introduction to cancer – anatomy, biology and treatment' to focus on 4 common cancers including screening, treatment 'Acute oncology – scenario based learning' 'Community Acute Oncology' Introduction to Palliative and End of Life Care to address each of the competency areas identified Equivalent 5 days face-to-face/blended
Recommendations	The outcomes identified for communication/information giving and palliative care reflect those identified in the Recommended Core Education Standards for Care and Support for the Dying Person in the Last Days and Hours of Life (Greater Manchester, Lancashire and South Cumbria Strategic Clinical Networks, 2014)

Table 19: Learning and development summary profile: GPs and doctors

Course	**Delivering effective cancer care in primary and community settings (GPs and doctors)**
Course Reference	
Provided by	**GP update**
LCS Area(s)	**All**
Course Aims	To enhance knowledge and understanding of cancer & palliative care
Learning Outcomes/Objectives	**1. Early Diagnosis:** 1.1 Identify common causes, signs and symptoms of cancer and refer for further investigations/review as per national guidelines/standards. 1.2 Demonstrate awareness of how health care is organised through the cancer journey in order to respond effectively to population and individual needs. 1.3 Communicate the different roles, responsibilities and functions of a multi-professional team. **2. Acute Oncology:** 2.1 Demonstrate an understanding of the aetiology and biology in the development of cancer in order to provide information and reassurance about the causes of cancer to patients and their families. 2.2 Identify risk factors for cancer and implement approaches for prevention, screening and early detection of cancer (focus on four common cancers). 2.3 Describe approaches to the diagnosis and staging of cancer and own role in supporting patients through this process. 2.4 Demonstrate understanding of the principles of cancer therapies in order to explain and facilitate patient education and choice. 2.5 Demonstrate knowledge of the common acute and late side effects of cancer therapies. 2.6 Demonstrate the principles of holistic assessment in cancer practice taking into account relevant physical, social, cultural, psychological and spiritual factors and making referrals to appropriate services as required. 2.7 Demonstrate knowledge of management of cancer symptoms and treatment side effects. **3. Survivorship:** 3.1 Demonstrate knowledge of the implications of chronic illness and long-term survivorship in those affected by cancer and implement appropriate referrals to other professionals and agencies in respect of these. 3.2 Understand the potential consequences of long term and late effects of cancer treatment. 3.3 Describe the principles of rehabilitation, self-management and lifestyle interventions for improving quality of life in those affected by cancer. 3.4 Understand the importance of long-term medicines management and the dangers of non-adherence in patients with cancer. 3.5 Demonstrate an understanding of the importance of seamless transitions between the acute and home care and from active treatment to survival programmes, palliative and end-of-life care. 3.6 Describe the role of supportive, palliative and end-of-life

	care, for patients and their family. 3.7 Demonstrate an understanding of the potential social, financial and emotional consequences of a cancer diagnosis and its treatment on individuals and their family members. 3.8 Recognise the differing care needs of patients from disadvantaged or vulnerable groups. 3.9 Discuss the impact of inheritable, social or lifestyle traits which predispose particular individuals or families to cancer and, where appropriate, refer patient for a family history assessment. **4. Information and Communication:** 4.1 Identify the information requirements of individuals with cancer during their cancer diagnosis, therapy, after care and period of supportive care. 4.2 Reflect on communication skills and consider theories of good communication in supporting the individual and family affected by cancer. 4.3 Demonstrate the use of a range of communication techniques to promote well-being in a person with cancer, for example: active listening. 4.4 Identify how multidisciplinary team communication can benefit patient care and improve transitions between acute and home care. 4.5 Direct individuals and family members to appropriate services and provide a plan or prescription of information. 4.6 Provide information and advice within the multidisciplinary team to support patient care. . **5. Palliative Care:** 5.1 Understand the philosophy and principles of palliative care 5.2 Work with people, their families and friends in a sensitive and flexible manner, demonstrating awareness of the impact of death, dying and bereavement, and recognising that their priorities and ability to communicate may vary over time. 5.3 Contribute to multi-disciplinary assessment and information sharing including with out-of-hours services. 5.4 Assess pain and other symptoms in ways appropriate to own role. Know when to refer to specialist colleagues. 5.5 Prescribe anticipatory medications for potential specific symptoms including pain, nausea/vomiting, breathlessness, noisy breathing, agitation, confusion, dry mouth. 5.6 Initiate and manage conversations with the dying person regarding their preferences for end of life care using Advance Care Planning. Assess mental capacity for each decision. 5.7 Recognise and manage reversible causes of deterioration. 5.8 Identify, support and refer appropriately people at risk in bereavement. 5.9 Demonstrate understanding of the impact of loss and grief, including how to support individuals who are bereaved.
Core content	**1. Early Diagnosis** • Organisation of cancer, palliative and end of life care services nationally and locally • National standards for cancer, palliative and end of life care and requirements for recording and reporting • Cancer pathway – prevention, screening, early detection, pre-diagnosis, management, treatment, post-treatment,

	follow-up, survivorship/rehabilitation, palliative and end of life care • Cancer risk nationally and locally **2. Acute Oncology** • Introduction to cells, tissues and cancer – carcinogenesis • Classification of cancer – focus on 4 common cancers • Staging and grading of cancer, tumour markers • Metastases and the spread of cancer • Screening for cancer including national screening programmes and initiatives • Overview of treatment options – surgery, radiotherapy, systemic therapy (chemotherapy, hormone therapy, targeted therapy) • Acute and late side effects of cancer treatment **3. Survivorship** • Holistic assessment including assessment of information needs • Cancer related signs and symptoms, treatment related signs and symptoms • Recognition and management of oncological emergencies (including neutropenic sepsis and spinal cord compression) • Experience of carers, children, friends and non-traditional families • Impact of cancer diagnosis, recurrence and prognosis • Impact of cancer on disadvantaged groups, e.g. the elderly, immigrants, mentally ill, those with learning disabilities and those on low incomes • Societal attitudes to cancer • Principles of rehabilitation and self-management **4. Information and Communication:** • Communication skills – effective and culturally sensitive communication • Optimising patient and family education – information giving • Breaking bad news • Patients autonomy and integrity • Professional/team communication • Sources of information and support **5. Palliative Care:** • Principles of palliative care – physical, psychological, social and spiritual needs of dying person and their family • Symptom management – focus on pain, nausea/vomiting, breathlessness, noisy breathing, agitation, constipation, urinary retention, confusion • Personal care – skin integrity, oral care, hair care, nutrition and hydration • Cultural approaches to death and dying • End of life definitions and triggers for assessment • Advance Care Planning • Understanding reactions to loss and bereavement • Bereavement risk assessment • Providing bereavement support
Delivery options	Delivering effective cancer care in primary and community settings (GPs and doctors) (5 days) Spikes plus

Duration of course	Delivering effective cancer care in primary and community settings (GPs and doctors) (5 days) Spikes plus
Timing of course	
Capacity	
Staff groups	For General Practitioners and doctors in community (health and social care), primary and palliative care
Total cost	
Unit cost	
Comments	Suggestion to meet outcomes identified above for this staff group: 1. Communication: Spikes plus 2. Delivering effective cancer care in primary and community settings (GPs and doctors) May be bespoke or modified commission for equivalent of 5 days face-to-face. Bespoke commission with GP Cancer Update (as identified by MCIP/PPE Workstream) Could include: Modified version of Christie School of Oncology to form one 'unit': 'An introduction to cancer – anatomy, biology and treatment' to focus on four common cancers including screening, treatment 'Acute oncology – scenario based learning' 'Community Acute Oncology' Introduction to Palliative and End of Life Care to address each of the outcomes identified
Recommendations	The outcomes identified for communication/information giving and palliative care reflect those identified in the Recommended Core Education Standards for Care and Support for the Dying Person in the Last Days and Hours of Life (Greater Manchester, Lancashire and South Cumbria Strategic Clinical Networks, 2014)

Appendix 7: Combined analysis ‘Cancer-specific Learning Needs Analysis Questionnaire’

	Distributed to key contacts	Response from key contacts	Response from individual workforce
E-questionnaires	240	40	370
Paper questionnaires	2 (Organisational section)		

1.2 Place of Work

Location	Primary & Palliative Care	Community Care (Health & Social)	Blank	Total number of responses (%)
North Manchester	58 (40.85%)	79 (29.92%)	1 (25%)	**138 (33.76%)**
Central Manchester	22 (15.49%)	39 (14.77%)	1 (25%)	**62 (15.12%)**
South Manchester	27 (19.01%)	90 (34.09%)	1 (25%)	**118 (28.88%)**
City-wide	32 (22.54%)	53 (20.08%)	0	**85 (20.73%)**
Blank	3 (2.11%)	3 (1.14%)	1 (25%)	**7 (1.71%)**
Total	**142**	**264**	**4**	**410**

1.3 Length of time in role?

Time in present role	Primary & Palliative Care	Community Care (Health & Social)	Blank	Total number of responses (%)
< 11 months	23 (16.20%)	28 (10.61%)	0	**51 (12.44%)**
1 year - 2 years, 11 months	28 (19.72%)	47 (17.80%)	1 (25%)	**76 (18.54%)**
3 years - 4 years, 11 months	13 (9.15%)	35 (13.26%)	2 (50%)	**50 (12.2%)**
5 years - 9 years, 11 months	33 (23.24%)	68 (25.76%)	0	**101 (24.63%)**
10 years - 14 years, 11 months	17 (11.97%)	34 (12.88%)	0	**51 (12.44%)**
15 years - 19 years, 11 months	12 (8.45%)	20 (7.58%)	0	**32 (7.8%)**
20 years +	16 (11.27%)	21 (7.95%)	0	**37 (9.02%)**
Blank	0	11 (4.14%)	1 (25%)	**12 (2.93%)**
Total	**142**	**264**	**4**	**410**

2.1 Attendance at any cancer care or communication skills training/education in the last two years

	Primary & Palliative Care	**Community Care (Health & Social)**	**Blank**	**Total number of responses (%)**
Yes, I have attended cancer care or communication skills training/education in the last two years	60 (42.25%)	54 (20.45%)	2 (50%)	**116 (28.29%)**
No, I have not attended cancer care or communication skills training/education in the last two years	49 (34.51%)	176 (66.67%)	1 (25%)	**226 (55.12%)**
Blank	33 (23.24%)	34 (12.88%)0	1 (25%)	**68 (16.59%)**
Total	**142**	**264**	**4**	**410**

2.3

Job Title	**Primary & Palliative Care**	**Community Care (Health & Social)**	**Total Number of Responses**
Reception/ Administrative/ Clerical	22 (21.36%)	8 (3.52%)	30 (9.04%)
Home Carer	0	8 (3.52%)	8 (2.41%)
Personal Assistant	0	0	0
Healthcare Support Worker	0	3 (1.32%)	3 (0.90%)
Healthcare Assistant Practitioner	1 (0.97%)	2 (0.88%)	3 (0.90%)
Social Care Support Worker	0	52 (22.91%)	53 (15.93%)
Social Care Assistant Practitioner	0	3 (1.32%)	3 (0.90%)
Occupational Therapist/ Dietician	1 (0.97%)	18 (7.93%)	19 (5.72%)
Physiotherapist	0	11 (4.85%)	11 (3.31%)
Social Worker	3 (2.91%)	10 (4.41%)	13 (3.92%)
Registered Nurse	38 (36.89%)	71 (31.28%)	109 (32.83%)
Doctor	29 (28.16%)	0	29 (8.73%)
Primary Assessment Officer	1 (0.97%)	20 (8.81%)	21 (6.33%)
Reablement Manager	0	7 (3.08%)	7 (2.11%)
MEAP Assessment Officer	0	3 (1.32%)	3 (0.90%)
Other	8 (7.77%)	11 (4.85%)	20 (6.02%)

Reception and Administrative staff

3.1 Communication and Signposting

Statement
A. I know what cancer is and how it is treated
B. I feel confident listening to and talking with a person affected by cancer about issues surrounding their cancer, their treatment and their care
C. I feel confident listening to and talking with friends and relatives of a person affected by cancer, about **their** issues and concerns surrounding cancer care
D. I feel confident providing or sourcing information about cancer care in a range of formats, including written and verbal, as appropriate to the circumstances and the situation
E. I feel confident working with individuals, their families and friends in a flexible and sensitive way that demonstrates awareness of the impact of a diagnosis of cancer, the treatment, dying, death and bereavement
F. I recognise that my role is vital in delivering good cancer care and understand my own professional/role boundaries
G. I feel confident in signposting people affected by cancer to the relevant specialist professionals

	Primary & Palliative Care				Community Care				Combined			
Statement	**Agree**	**Disagree**	**N/A**	**Total**	**Agree**	**Disagree**	**N/A**	**Total**	**Agree**	**Disagree**	**N/A**	**Total**
A	21 (95.45%)	0 (0%)	1 (4.54%)	**22**	4 (50%)	2 (25%)	2 (25%)	**8**	25 (83.33%)	2 (6.67%)	3 (10%)	**30**
B	17 (77.27%)	3 (13.64%)	2 (9.09%)	**22**	4 (50%)	3 (37.5%)	1 (12.5%)	**8**	21 (70%)	6 (20%)	3 (10%)	**30**
C	16 (76.19%)	4 (19.05%)	1 (4.76%)	**21**	5 (62.5%)	2 (25%)	1 (12.5%)	**8**	21 (72.41%)	6 (20.69%)	2 (6.90%)	**29**
D	12 (54.55%)	5 (22.73%)	5 (22.73%)	**22**	4 (50%)	2 (25%)	2 (25%)	**8**	16 (53.33%)	7 (23.33%)	7 (23.33%)	**30**
E	13 (59.09%)	5 (22.73%)	4 (19.05%)	**22**	2 (28.57%)	3 (42.86%)	2 (28.57%)	**7**	15 (51.72%)	8 (27.59%)	6 (20.69%)	**29**
F	18 (81.82%)	0 (0%)	4 (19.05%)	**22**	6 (75%)	0 (0%)	2 (25%)	**8**	24 (80%)	0 (0%)	6 (20%)	**30**
G	15 (68.18%)	3 (13.64%)	4 (19.05%)	**22**	3 (37.5%)	3 (37.5%)	2 (25%)	**8**	18 (60%)	6 (20%)	6 (20%)	**30**

Unregistered Support Workers in Health and Social Care (Only Community data)

4.1 Communication

Statement
A. I know what cancer is and the range of treatments available (surgery, chemotherapy, radiotherapy, hormone therapy)
B. I feel confident listening to and talking with a person affected by cancer about issues surrounding their cancer, their treatment and their care
C. I feel confident listening to and talking with friends and relatives of a person affected by cancer about **their** issues and concerns surrounding cancer care
D. I feel confident providing or sourcing information and support about cancer care in a range of formats, including written and verbal, as appropriate to the circumstances and the situation
E. I feel confident working with individuals, their families and friends in a flexible and sensitive way that demonstrates awareness of the impact of a diagnosis of cancer, the treatment, dying, death and bereavement
F. I recognise that my role is vital in delivering good cancer care and understand my own professional/role boundaries
G. I feel confident signposting people affected by cancer to relevant specialist professionals

	Health					**Social**					**Combined**				
Statement	**Agree**	**Disagree**	**N/A**	**Blank**	**Total**	**Agree**	**Disagree**	**N/A**	**Blank**	**Total**	**Agree**	**Disagree**	**N/A**	**Blank**	**Total**
A	5 (41.67%)	0	0	7 (58.33%)	**12**	43 (40.19%)	6 (5.61%)	8 (7.48%)	50 (46.73%)	**107**	48 (40.34%)	6 (5.04%)	8 (6.72%)	57 (47.90%)	**119**
B	4 (33.33%)	1 (8.33%)	0	7 (58.33%)	**12**	34 (31.78%)	15 (14.02%)	9 (8.41%)	49 (45.79%)	**107**	38 (31.93%)	16 (13.45%)	9 (7.56%)	56 (47.06%)	**119**
C	4 (33.33%)	1 (8.33%)	0	7 (58.33%)	**12**	28 (26.17%)	21 (19.63%)	8 (7.48%)	50 (46.73%)	**107**	32 (26.89%)	22 (18.49%)	8 (6.72%)	57 (47.90%)	**119**
D	1 (8.33%)	2 (16.67%)	2 (16.67%)	7 (58.33%)	**12**	17 (15.89%)	26 (24.30%)	13 (12.15%)	51 (47.66%)	**107**	18 (15.13%)	28 (23.53%)	15 (12.61%)	58 (48.74%)	**119**
E	5 (41.67%)	0	0	7 (58.33%)	**12**	26 (24.30%)	19 (17.76%)	13 (12.15%)	49 (45.79%)	**107**	31 (26.05%)	19 (15.97%)	13 (10.92%)	56 (47.06%)	**119**
F	5 (41.67%)	0	0	7 (58.33%)	**12**	27 (25.23%)	17 (15.89%)	12 (11.21%)	51 (47.66%)	**107**	32 (26.89%)	17 (14.29%)	12 (10.08%)	58 (48.74%)	**119**
G	3 (25%)	1 (8.33%)	1 (8.33%)	7 (58.33%)	**12**	21 (19.63%)	21 (19.63%)	14 (13.08%)	51 (47.66%)	**107**	24 (20.17%)	22 (18.49%)	15 (12.61%)	58 (48.74%)	**119**

4.2 Holistic Assessment and Planning Their Care

Statement
A. I feel confident contributing to a holistic needs assessment (this includes background information, physical, social, occupational, psychological, emotional, religious and/or spiritual well-being, risk, goals and priorities and the needs of families and friends, including carers assessments)
B. I feel confident when contributing to regular review assessments to take account of changing needs, priorities and wishes, and ensuring information about changes is properly communicated
C. I feel able to recognise when a person is dying
D. I understand and can use end-of-life care assessment tools and documentation to support practice e.g. Gold Standards Framework (GSF), AMBER care bundle, end-of-life care register, individualised care of the dying plan
E. I feel confident when contributing to multi-disciplinary assessment and information sharing
F. I feel confident that I know who to contact or who to refer to in order to help provide the best possible care for patients with recurrence, advancing disease or at the end-of-life

	Health					**Social**					**Combined**				
Statement	**Agree**	**Disagree**	**N/A**	**Blank**	**Total**	**Agree**	**Disagree**	**N/A**	**Blank**	**Total**	**Agree**	**Disagree**	**N/A**	**Blank**	**Total**
A	3 (25%)	0	2 (16.67%)	7 (58.33%)	**12**	17 (15.89%)	21 (19.63%)	21 (19.63%)	48 (44.86%)	**107**	20 (16.81%)	21 (17.65%)	23 (19.33%)	55 (46.22%)	**119**
B	3 (25%)	0	2 (16.67%)	7 (58.33%)	**12**	25 (23.36%)	14 (13.08%)	19 (17.76%)	49 (45.79%)	**107**	28 (23.53%)	14 (11.76%)	21 (17.65%)	56 (47.06%)	**119**
C	4 (33.33%)	0	1 (8.33%)	7 (58.33%)	**12**	24 (22.43%)	17 (15.89%)	18 (16.82%)	48 (44.86%)	**107**	28 (23.58%)	17 (14.29%)	19 (15.97%)	55 (46.22%)	**119**
D	1 (8.33%)	1 (8.33%)	3 (25%)	7 (58.33%)	**12**	8 (7.48%)	23 (21.50%)	27 (25.23%)	49 (45.79%)	**107**	9 (7.56%)	24 (20.17%)	30 (25.21%)	56 (47.06%)	**119**
E	3 (25%)	1 (8.33%)	1 (8.33%)	7 (58.33%)	**12**	24 (22.43%)	12 (11.21%)	23 (21.50%)	48 (44.86%)	**107**	27 (22.69%)	13 (10.92%)	24 (20.17%)	55 (46.22%)	**119**
F	2 (16.67%)	1 (8.33%)	2 (16.67%)	7 (58.33%)	**12**	23 (21.50%)	18 (16.82%)	18 (16.82%)	48 (44.86%)	**107**	25 (21.01%)	19 (15.97%)	20 (16.81%)	55 (46.22%)	**119**

4.3 Symptom Management

Statement
A. I feel confident when helping a person affected by cancer with their pain and other common symptoms
B. I understand and can advise on coping strategies and therapies other than drugs to help people cope
C. I am confident when supporting a person in distress
D. I feel confident when discussing a person's anxiety about a cancer diagnosis, the treatment, prognosis, the dying process, and what will happen with the person affected by cancer, their friends and family

	Health					**Social**					**Combined**				
Statement	**Agree**	**Disagree**	**N/A**	**Blank**	**Total**	**Agree**	**Disagree**	**N/A**	**Blank**	**Total**	**Agree**	**Disagree**	**N/A**	**Blank**	**Total**
A	3 (25%)	0	2 (16.67%)	7 (58.33%)	**12**	17 (15.89%)	21 (19.63%)	18 (16.82%)	51 (47.66%)	**107**	20 (16.81%)	21 (17.65%)	20 (16.81%)	58 (48.74%)	**119**
B	2 (16.67%)	0	3 (25%)	7 (58.33%)	**12**	10 (9.35%)	22 (20.56%)	24 (22.43%)	51 (47.66%)	**107**	12 (10.08%)	22 (18.49%)	27 (22.69%)	58 (48.74%)	**119**
C	5 (41.67%)	0	0	7 (58.33%)	**12**	34 (31.78%)	11 (10.28%)	11 (10.28%)	51 (47.66%)	**107**	39 (32.77%)	11 (9.24%)	11 (9.24%)	58 (48.74%)	**119**
D	2 (16.67%)	1 (8.33%)	2 (16.67%)	7 (58.33%)	**12**	18 (16.82%)	22 (20.56%)	17 (15.89%)	50 (46.73%)	**107**	20 (16.81%)	23 (19.33%)	19 (15.97%)	57 (47.90%)	**119**

4.4 Advance Care Planning

Statement
A. I understand what ‘Advance Care Planning’ is
B. I feel confident in communicating effectively and sensitively to support the person affected by cancer as they decide upon their preferences and wishes for their future care
C. I understand the legal status and implications of the advance care planning process in relation to the Mental Capacity Act 2005 (recognising that it is part of my role to find out what is known about an individual’s wishes should they lose mental or physical capacity to express their wishes)
D. If a person affected by cancer shares views about their care with me, with permission, I would feel confident in discussing this with the rest of the care team

	Health					**Social**					**Combined**				
Statement	**Agree**	**Disagree**	**N/A**	**Blank**	**Total**	**Agree**	**Disagree**	**N/A**	**Blank**	**Total**	**Agree**	**Disagree**	**N/A**	**Blank**	**Total**
A	3 (25%)	0	2 (16.67%)	7 (58.33%)	**12**	19 (17.76%)	21 (19.63%)	17 (15.89%)	50 (46.73%)	**107**	22 (18.49%)	21 (17.65%)	19 (15.97%)	57 (47.90%)	**119**
B	3 (25%)	0	2 (16.67%)	7 (58.33%)	**12**	20 (18.69%)	18 (16.82%)	19 (17.76%)	50 (46.73%)	**107**	23 (19.33%)	18 (15.13%)	21 (17.65%)	57 (47.90%)	**119**
C	3 (25%)	0	2 (16.67%)	7 (58.33%)	**12**	13 (12.15%)	25 (23.36%)	18 (16.82%)	51 (47.66%)	**107**	16 (13.45%)	25 (21.01%)	20 (16.81%)	58 (48.74%)	**119**
D	4 (33.33%)	0	1 (8.33%)	7 (58.33%)	**12**	27 (25.23%)	15 (14.02%)	15 (14.02%)	50 (46.73%)	**107**	31 (26.05%)	15 (12.61%)	16 (13.45%)	57 (47.90%)	**119**

Registered Professionals in Health and Social Care

5.1 Communication

Statement
A. I feel confident developing and maintaining communication with people affected by cancer, their families and others involved in their care about matters or situations related to their cancer care
B. I feel confident listening to and talking with a person affected by cancer about issues surrounding their cancer, their treatment and their care
C. I feel confident listening to and talking with friends and relatives of a person affected by cancer about **their** issues and concerns surrounding cancer care
D. I feel confident providing information and support about cancer care in a range of formats, including written and verbal, as appropriate to the circumstances and the situation
E. I feel confident working with individuals, their families and friends in a flexible and sensitive way that demonstrates awareness of the impact of a diagnosis of cancer, the treatment, dying, death and bereavement
F. I feel confident recognising and responding to any variation over time in individuals, or the priorities of their families and friends
G. I recognise that my role is vital in delivering good cancer care and I understand my own professional/role boundaries
H. I feel confident signposting people affected by cancer to the relevant specialist professionals

	Primary GP				**Primary Practice Nurses**				**Palliative Care Doctors**				**Palliative Care Nurses**				**Comb**			
Statement	**Agree**	**Disagree**	**N/A**	**Total**	**Agree**	**Disagree**	**N/A**	**Total**	**Agree**	**Disagree**	**N/A**	**Total**	**Agree**	**Disagree**	**N/A**	**Total**	**Agree**	**Disagree**	**N/A**	**Total**
A	18 (90%)	2 (10%)	0	**20**	4 (66.67%)	2 (33.33%)	0	**6**	4 (100%)	0	0	**4**	27 (96.43%)	1 (3.57%)	0	**28**	53 (91.38%)	5 (8.62%)	0	**58**
B	19 (95%)	1 (5%)	0	**20**	5 (83.33%)	1 (16.67%)	0	**6**	5 (100%)	0	0	**5**	27 (96.43%)	1 (3.57%)	0	**28**	56 (94.92%)	3 (5.08%)	0	**59**
C	19 (95%)	1 (5%)	0	**20**	4 (66.67%)	2 (33.33%)	0	**6**	5 (100%)	0	0	**5**	28 (100%)	0	0	**28**	56 (94.92%)	3 (5.08%)	0	**59**
D	15 (75%)	5 (25%)	0	**20**	3 (50%)	3 (50%)	0	**6**	5 (100%)	0	0	**5**	24	3	1	**28**	47 (79.66%)	11 (18.64%)	1 (1.7%)	**59**
E	17 (85%)	3 (15%)	0	**20**	3 (60%)	2 (40%)	0	**5**	5 (100%)	0	0	**5**	27 (100%)	0	0	**27**	52 (88.14%)	5 (11.86%)	0	**57**
F	18 (90%)	2 (10%)	0	**20**	3 (60%)	2 (40%)	0	**5**	5 (100%)	0	0	**5**	25 (96.15%)	1 (4.85%)	0	**26**	51 (86.44%)	5 (13.56%)	0	**56**
G	20 (100%)	0	0	**20**	3 (60%)	1 (20%)	1 (20%)	**5**	5 (100%)	0	0	**5**	28 (100%)	0	0	**28**	56 (96.55%)	1 (1.72%)	1 (1.72%)	**58**
H	18 (94.74%)	1 (5.26%)	0	**19**	4 (80%)	1 (20%)	0	**5**	4 (80%)	1 (20%)	0	**5**	28 (100%)	0	0	**28**	54 (94.74%)	3 (5.26%)	0	**57**

	Health Registered Nurse				Health AHP				Health Other				Combined			
Statement	**Agree**	**Disagree**	**N/A**	**Total**	**Agree**	**Disagree**	**N/A**	**Total**	**Agree**	**Disagree**	**N/A**	**Total**	**Agree**	**Disagree**	**N/A**	**Total**
A	53 (86.89%)	7 (11.48%)	1 (1.64%)	**61**	14 (63.67%)	5 (22.73%)	3 (13.64%)	**22**	5 (5.56%)	3 (33.33%)	1 (11.11%)	**9**	72 (78.26%)	15 (16.30%)	5 (5.43%)	**92**
B	54 (90%)	6 (10%)	0	**60**	12 (54.55%)	7 (31.81%)	3 (13.64%)	**22**	6 (66.67%)	2 (22.22%)	1 (11.11%)	**9**	72 (79.12%)	15 (16.48%)	4 (4.40%)	**91**
C	50 (87.72%)	7 (12.28%)	0	**57**	12 (57.14%)	6 (28.57%)	3 (14.29%)	**21**	6 (66.67%)	2 (22.22%)	1 (11.11%)	**9**	68 (78.16%)	15 (17.24%)	4 (4.60%)	**87**
D	43 (72.88%)	14 (23.73%)	2 (3.39%)	**59**	7 (31.81%)	12 (54.55%)	3 (13.64%)	**22**	4 (44.44%)	3 (33.33%)	2 (22.22%)	**9**	54 (60%)	29 (32.22%)	7 (7.78%)	**90**
E	50 (84.75%	7 (11.86%)	2 (3.39%)	**59**	9 (45%)	8 (40%)	3 (15%)	**20**	4 (44.44%)	4 (44.44%)	1 (11.11%)	**9**	63 (71.59%)	19 (21.59%)	6 (6.82%)	**88**
F	51 (89.47%)	5 (8.77%)	1 (1.75%)	**57**	13 (68.42%)	4 (21.05%)	2 (10.53%)	**19**	4 (44.44%)	3 (33.33%)	2 (22.22%)	**9**	68 (80%)	12 (14.11%)	5 (5.88%)	**85**
G	53 (91.38%)	2 (3.45%)	3 (5.17%)	**58**	16 (84.21%)	0	3 (15.79%)	**19**	6 (66.67%)	1 (11.11%)	2 (22.22%)	**9**	75 (87.21%)	3 (3.49%)	8 (9.30%)	**86**
H	56 (93.33%)	4 (6.67%)	0	**60**	10 (52.63%)	7 (36.84%)	2 (10.53%)	**19**	6 (66.67%)	2 (22.22%)	1 (11.11%)	**9**	72 (81.82%)	13 (14.77%)	3 (3.41%)	**88**

*** 1 Registered Nurse from social care included in data set**

5.2 Holistic Assessment and Planning Their Care

Statement
A. I feel confident when carrying out a holistic needs assessment (includes background information, information regarding prognosis, physical, social, occupational, psychological, emotional, religious and/or spiritual well-being, risk, goals and priorities and the needs of families and friends, including carers' assessments)
B. I feel confident carrying out regular review assessments to take account of changing needs, priorities and wishes, and ensure information about changes is properly communicated
C. I feel able to recognise when a person is dying
D. I understand and can use end-of-life care assessment tools and documentation to support practice e.g. Gold Standards Framework (GSF), AMBER care bundle, end-of-life care register, individualised care of the dying plan
E. *I feel I am equipped to involve patients and their families in decisions about their care*
F. I feel confident when contributing to multi-disciplinary assessment and information sharing
G. I feel confident that I know who to contact or refer to in order to help provide the best possible care for patients with recurrence, advancing disease or at the end-of-life

	Primary GP				**Primary Practice Nurses**				**Palliative Care Doctors**				**Palliative Care Nurses**				**Combined**			
Statement	**Agree**	**Disagree**	**N/A**	**Total**	**Agree**	**Disagree**	**N/A**	**Total**	**Agree**	**Disagree**	**N/A**	**Total**	**Agree**	**Disagree**	**N/A**	**Total**	**Agree**	**Disagree**	**N/A**	**Total**
A	12 (60%)	8 (40%)	0	**20**	3 (50%)	2 (33.33%)	1 (16.67%)	**6**	5 (100%)	0	0	**5**	25 (92.59%)	1 (3.70%)	1 (3.70%)	**27**	45 (77.59%)	11 (18.97%)	2 (3.45%)	**58**
B	15 (75%)	5 (25%)	0	**20**	3 (50%)	2 (33.33%)	1 (16.67%)	**6**	5 (100%)	0	0	**5**	25 (89.29%)	3 (10.71%)	0	**28**	48 (81.36%)	10 (16.95%)	1 (1.69%)	**59**
C	19 (95%)	1 (5%)	0	**20**	3 (50%)	0	3 (50%)	**6**	5 (100%)	0	0	**5**	28 (100%)	0	0	**28**	55 (93.22%)	1 (1.69%)	3 (5.08%)	**59**
D	14 (70%)	6 (30%)	0	**20**	2 (33.33%)	2 (33.33%)	2 (33.33%)	**6**	4 (80%)	1 (20%)	0	**5**	26 (92.86%)	0	2 (7.14%)	**28**	46 (77.97%)	9 (15.25%)	4 (6.78%)	**59**
E	19 (95%)	1 (5%)	0	**20**	2 (33.33%)	1 (16.67%)	2 (33.33%)	**6**	4 (80%)	0	0	**4**	24 (85.71%)	2 (7.14%)	2 (7.14%)	**28**	49 (84.48%)	4 (6.90%)	4 (6.90%)	**58**
F	19 (95%)	1 (5%)	0	**20**	5 (83.33%)	1 (16.67%)	0	**6**	5 (100%)	0	0	**5**	26 (96.30%)	1 (3.70%)	0	**27**	55 (94.83%)	3 (5.17%)	0	**58**
G	19 (95%)	1 (5%)	0	**20**	3 (50%)	3 (50%)	0	**6**	4 (80%)	1 (20%)	0	**5**	26 (92.86%)	1 (3.57%)	1 (3.57%)	**28**	52 (94.55%)	6 (10.91%)	1 (1.82%)	**55**

	Health Registered Nurse				Health AHP				Health Other				Combined			
Statement	**Agree**	**Disagree**	**N/A**	**Total**	**Agree**	**Disagree**	**N/A**	**Total**	**Agree**	**Disagree**	**N/A**	**Total**	**Agree**	**Disagree**	**N/A**	**Total**
A	52 (86.67%)	5 (8.33%)	3 (5%)	**60**	9 (42.86%)	6 (28.57%)	6 (28.57%)	**21**	3 (33.33%)	2 (22.22%)	4 (44.44%)	**9**	64 (71.11%)	13 (14.44%)	13 (14.44%)	**90**
B	55 (90.16%)	4 (6.56%)	2 (3.28%)	**61**	10 (45.45%)	5 (22.73%)	7 (31.82%)	**22**	4 (44.44%)	1 (11.11%)	4 (44.44%)	**9**	69 (75%)	10 (10.87%)	13 (14.13%)	**92**
C	54 (90%)	4 (6.67%)	2 (3.33%)	**60**	8 (38.10%)	9 (42.86%)	3 (14.29%)	**21**	3 (33.33%)	3 (33.33%)	3 (33.33%)	**9**	67 (72.22%)	16 (17.78%)	8 (8.89%)	**90**
D	43 (71.67%)	13 (21.67%)	2 (3.33%)	**60**	1 (4.76%)	11 (52.38%)	9 (42.86%)	**21**	1 (11.11%)	2 (22.22%)	6 (66.67%)	**9**	45 (50%)	26 (28.89%)	17 (18.89%)	**90**
E	52 (88.14%)	5 (8.47%)	2 (3.39%)	**59**	13 (61.90%)	3 (14.29%)	5 (23.81%)	**21**	5 (55.56%)	1 (11.11%)	3 (33.33%)	**9**	70 (78.65%)	9 (10.11%)	10 (11.24%)	**89**
F	54 (94.74%)	1 (1.75%)	2 (3.51%)	**57**	16 (76.19%)	3 (14.29%)	2 (9.52%)	**21**	4 (44.44%)	1 (11.11%)	4 (44.44%)	**9**	74 (85.06%)	5 (5.75%)	8 (9.20%)	**87**
G	56 (91.80%)	3 (4.92%)	2 (3.28%)	**61**	12 (54.55%)	6 (27.27%)	4 (18.18%)	**22**	4 (44.44%)	2 (22.22%)	3 (33.33%)	**9**	72 (78.26%)	11 (11.96%)	9 (9.78%)	**92**

5.3 Symptom Management

Statement
A. I feel confident about assessing and managing a person affected by cancer with their pain and other common symptoms
B. I understand and can advise on coping strategies and therapies other than drugs to help people cope with their symptoms
C. I am confident supporting a person in distress
D. I feel confident discussing a person's anxiety about a cancer diagnosis, the treatment, prognosis, the dying process and what will happen with the person affected by cancer, their friends and family
E. I feel confident working in partnership with the person affected by cancer, their family and friends to develop, implement and monitor an end of life care plan which will meet the needs of the individual

Statement	Primary GP				Primary Practice Nurses				Palliative Care Doctors				Palliative Care Nurses				Combined			
	Agree	**Disagree**	**N/A**	**Total**	**Agree**	**Disagree**	**N/A**	**Total**	**Agree**	**Disagree**	**N/A**	**Total**	**Agree**	**Disagree**	**N/A**	**Total**	**Agree**	**Disagree**	**N/A**	**Total**
A	19 (95%)	1 (5%)	0	**20**	2 (33.33%)	1 (16.67%)	3 (50%)	**6**	5 (100%)	0	0	**5**	24 (85.71%)	2 (7.14%)	2 (7.14%)	**28**	50 (84.75%)	4 (6.78%)	5 (8.47%)	**59**
B	15 (75%)	5 (25%)	0	**20**	2 (33.33%)	1 (16.67%)	3 (50%)	**6**	4 (80%)	1 (20%)	0	**5**	23 (82.14%)	4 (14.29%)	1 (3.57%)	**28**	44 (74.58%)	11 (18.64%)	4 (6.78%)	**59**
C	18 (90%)	2 (10%)	0	**20**	3 (60%)	2 (40%)	0	**5**	5 (100%)	0	0	**5**	28 (100%)	0	0	**28**	54 (93.10%)	4 (6.90%)	0	**58**
D	17 (85%)	3 (15%)	0	**20**	3 (50%)	2 (33.33%)	1 (16.67%)	**6**	5 (100%)	0	0	**5**	26 (92.3%)	1 (3.85%)	1 (3.85%)	**26**	51 (89.47%)	6 (10.53%)	2 (3.51%)	**57**
E	15 (78.95%)	4 (21.05%)	0	**19**	2 (33.33%)	1 (16.67%)	3 (50%)	**6**	4 (80%)	1 (20%)	0	**5**	26 (92.3%)	(3.85%)	1 (3.85%)	**26**	47 (83.93%)	7 (12.5%)	4 (7.14%)	**56**

Statement	Health Registered Nurse				Health AHP				Health Other				Combined			
	Agree	**Disagree**	**N/A**	**Total**	**Agree**	**Disagree**	**N/A**	**Total**	**Agree**	**Disagree**	**N/A**	**Total**	**Agree**	**Disagree**	**N/A**	**Total**
A	50 (83.33&)	5 (8.33%)	5 (8.33%)	**60**	6 (27.27%)	6 (27.27%)	10 (45.45%)	**22**	2 (22.22%)	1 (11.11%)	6 (66.67%)	**9**	58 (63.74%)	12 (13.19%)	21 (23.07%)	**91**
B	41 (68.33%)	14 (23.33%)	5 (8.33%)	**60**	6 (27.27%)	7 (31.82%)	9 (40.91%)	**22**	1 (11.11%)	2 (22.22%)	6 (66.67%)	**9**	48 (52.75%)	23 (25.27%)	20 (21.98%)	**91**
C	60 (98.36%)	0	1 (1.64%)	**61**	13 (59.09%)	7 (31.82%)	2 (9.10%)	**22**	4 (44.44%)	1 (11.11%)	4 (44.44%)	**9**	77 (83.70%)	8 (8.70%)	7 (7.61%)	**92**
D	42 (71.19%)	15 (25.42%)	2 (3.39%)	**59**	5 (22.72%)	12 (54.55%)	5 (22.72%)	**22**	1 (11.11%)	3 (33.33%)	5 (55.56%)	**9**	48 (53.33%)	30 (33.33%)	12 (13.33%)	**90**
E	47 (82.46%)	9 (15.79%)	4 (7.02%)	**57**	3 (14.29%)	10 (47.62%)	8 (38.10%)	**21**	2 (22.22%)	1 (11.11%)	6 (66.67%)	**9**	52 (59.77%)	20 (22.99%)	18 (20.69%)	**87**

5.4 Advance Care Planning

Statement
A. I understand how 'Advance Care Planning' enhances end of life care and how these plans impact on the delivery of care
B. I feel confident in communicating effectively and sensitively to support the person affected by cancer as they decide upon their preferences and wishes for their future care
C. I feel confident working sensitively to support an individual's family and friends through the 'Advance Care Planning' Process
D. I understand the legal status and implications of the advance care planning process in relation to the Mental Capacity Act 2005 (recognising it is part of my role to find out what is known about an individual's wishes should they lose mental or physical capacity to express their wishes)
E. If a person affected by cancer shares views about their care with me, with permission, I would feel confident in discussing this with the rest of the care team

Statement	Primary GP				Primary Practice Nurses				Palliative Care Doctors				Palliative Care Nurses				Comb			
	Agree	Disagree	N/A	Total	Agree	Disagree	N/A	Total	Agree	Disagree	N/A	Total	Agree	Disagree	N/A	Total	Agree	Disagree	N/A	Total
A	17 (95%)	3 (15%)	0	**20**	5 (83.33%)	0	1 (16.67%)	**6**	4 (100%)	0	0	**4**	26 (92.86%)	2 (7.14%)	0	**28**	52 (89.66%)	5 (8.62%)	1 (1.72%)	**58**
B	19 (95%)	1 (5%)	0	**20**	2 (33.33%)	2 (33.33%)	2 (33.33%)	**6**	5 (100%)	0	0	**5**	25 (89.29%)	3 (10.71%)	0	**28**	51 (86.44%)	6 (10.17%)	2 (3.39%)	**59**
C	18 (90%)	2 (10%)	0	**20**	2 (33.33%)	2 (33.33%)	2 (33.33%)	**6**	4 (80%)	1 (20%)	0	**5**	22 (78.57%)	5 (17.86%)	1 (3.57%)	**28**	46 (77.97%)	10 (16.95%)	3 (5.08%)	**59**
D	15 (75%)	5 (25%)	0	**20**	2 (33.33%)	2 (33.33%)	2 (33.33%)	**6**	5 (100%)	0	0	**5**	23 (85.19%)	3 (11.11%)	1 (3.70%)	**27**	45 (77.59%)	10 (17.24%)	3 (5.17%)	**58**
E	19 (95%)	1 (5%)	0	**20**	6 (100%)	0	0	**6**	5 (100%)	0	0	**5**	27 (96.43%)	1 (3.57%)	0	**28**	57 (96.61%)	2 (3.39%)	0	**59**

Statement	Health Registered Nurse				Health AHP				Health Other				Combined			
	Agree	Disagree	N/A	Total	Agree	Disagree	N/A	Total	Agree	Disagree	N/A	Total	Agree	Disagree	N/A	Total
A	55 (90.16%)	3 (4.92%)	3 (4.92%)	**61**	10 (45.45%)	5 (22.73%)	7 (31.82%)	**22**	3 (33.33%)	3 (33.33%)	3 (33.33%)	**9**	68 (73.91%)	11 (11.96%)	13 (14.13%)	**92**
B	50 (81.97%)	7 (11.48%)	4 (6.56%)	**61**	7 (31.82%)	6 (27.27%)	9 (40.91%)	**22**	4 (44.44%)	1 (11.11%)	4 (44.44%)	**9**	61 (66.30%)	14 (15.21%)	17 (18.48%)	**92**
C	46 (76.67%)	10 (16.67%)	4 (6.67%)	**60**	5 (23.81%)	5 (23.81%)	11 (52.38%)	**21**	4 (44.44%)	2 (22.22%)	3 (33.33%)	**9**	55 (61.11%)	17 (18.89%)	18 (20%)	**90**
D	42 (71.19%)	13 (22.03%)	4 (6.78%)	**59**	10 (45.45%)	5 (22.73%)	7 (31.82%)	**22**	1 (11.11%)	5 (55.56%)	3 (33.33%)	**9**	53 (58.89%)	23 (25.56%)	14 (15.56%)	**90**
E	56 (93.33%)	2 (3.33%)	2 (3.33%)	**60**	16 (72.73%)	3 (13.64%)	3 (13.64%)	**22**	5 (55.55%)	1 (11.11%)	3 (33.33%)	**9**	77 (84.62%)	6 (6.59%)	8 (8.79%)	**91**

5.5 Cancer Pathway

Cancer Pathway	Statement
Prevention of cancer including health promotion	A. I am confident giving health promotion information, support and advice relating to an individual's or family's risk factors for cancer
	B. I understand about risk factors for cancer (environmental and inherited)
	C. I am confident in making appropriate referrals to Family History Clinics
Pre-referral and screening programmes for cancer	D. I am confident providing information, support and advice relating to national cancer screening programmes
	E. I am confident making timely referral to cancer services following NICE guidelines/local cancer-specific pathways
Presentation of symptoms to GP and referral for diagnostic tests (includes all access routes – A&E, emergency admission, GP direct access to tests)	F. I feel confident explaining the range of tests/investigations that may be required in confirming a diagnosis of cancer, to patients
	G. I feel confident being a key contact for the patient to navigate diagnostic tests/investigations
	H. I am aware of and can make referrals via: • Fast track system • Timed site specific pathways • Direct access to tests using symptom-based approach to select appropriate test/referral
Cancer diagnosis and staging	I. I understand the cell biology relating to formation of a cancer cell (process of carcinogenesis)
	J. I understand the signs and symptoms for the common cancers
	K. I know how cancers are diagnosed
	L. I understand the 'staging process' for the common cancers
Treatment planning options	M. I feel confident explaining the range of treatments for their cancer and the potential side effects to people affected by cancer
Treatment – surgery, chemotherapy, radiotherapy, watchful wait	N. I can recognise signs and symptoms associated with acute treatment effects and possible recurrence
	O. I feel confident assessing and managing symptoms associated with treatment effects
Living with cancer – rehabilitation/survivorship following cancer diagnosis and its treatment	P. I feel confident in acting as a key worker to undertake holistic needs assessment for a person affected by cancer following their treatment, and providing advice relating to rehabilitation and survivorship
	Q. *I feel I am equipped to support people to self-manage their cancer and related symptoms.*
	R. *I know about support services – within and outside the NHS – that I can help patients to access*
Post-treatment monitoring/follow-up	S. I can recognise signs and symptoms associated with long-term treatment effects and possible recurrence
	T. I feel confident assessing and managing symptoms associated with long-term treatment effects

Recurrence/relapse suspected	U. I know the range of signs and symptoms associated with potential recurrence of common cancers
	V. *I feel confident informing and supporting people to spot recurrence?*
	W. I feel confident in ensuring rapid access/referral into secondary care for investigation of possible recurrence/symptom management
Recognition of and start of conversation about end of life care	X. I know the disease-specific prognostic indicators which identify the person affected by cancer may be in the last year of life
	Y. I feel confident initiating a conversation about end-of-life care
	Z. I can use EoL care tools e.g. Gold Standards Framework (GSF), Preferred Priorities of Care (PPC), Advanced Care Planning (ACP), DNAR (Do not attempt resuscitation), bereavement risk assessment
	AA. I can add person affected by cancer to GSF register in primary care
	AB. I can make appropriate and timely referral to Specialist Palliative Care Services
Last days of life	AC. I can diagnose/recognise the dying phase
	AD. I know how to access to drugs and equipment required to provide end of life care
	AE. I am confident in requesting review and co-ordination of care by primary and community services
	AF. I know how to access to Specialist Palliative Care advice including specialist assessment, palliative care beds
	AG. I am confident in delivering/ensuring anticipatory symptom management including timely prescribing
Care at time of death	AH. I know how to access to social care, carer support, bereavement support
	AI. I am able to access appropriate documentation, undertake prompt verification and certification of death
	AJ. I am confident in providing culturally sensitive last offices
	AK. I am confident in undertaking the assessment of carers’ immediate bereavement needs, with referral if required
	AL. I am confident when providing information for carers regarding what happens next (including bereavement advice)
	AM. I know how to undertake safe disposal of controlled drugs
Bereavement	AN. I feel confident using bereavement risk assessment tools and making appropriate onward referral to bereavement services
	AO. I am aware of range of bereavement services

Statement	**Primary GP**				**Primary Practice Nurses**				**Palliative Care Doctors**				**Palliative Care Nurses**				**Combined**			
	Agree	**Disagree**	**N/A**	**Total**	**Agree**	**Disagree**	**N/A**	**Total**	**Agree**	**Disagree**	**N/A**	**Total**	**Agree**	**Disagree**	**N/A**	**Total**	**Agree**	**Disagree**	**N/A**	**Total**
A	14 (73.68%)	5 (26.32%)	0	**19**	6 (100%)	0	0	**6**	5 (100%)	0	0	**5**	11 (40.74%)	6 (22.22%)	10 (37.03%)	**27**	36 (63.16%)	11 (19.3%)	10 (17.54%)	**57**
B	15 (78.94%)	4 (21.05%)	0	**19**	6 (100%)	0	0	**6**	5 (100%)	0	0	**5**	17 (60.71%)	4 (14.29%)	7 (25%)	**28**	43 (74.14%)	8 (13.79%)	7 (12.07%)	**58**
C	14 (77.78%)	4 (22.22%)	0	**18**	2 (33.33%)	2 (33.33%)	2 (33.33%)	**6**	2 (40%)	2 (40%)	1 (20%)	**5**	8 (28.57%)	9 (32.14%)	11 (36.29%)	**28**	26 (45.61%)	17 (29.82%)	14 (24.56%)	**57**
D	19 (100%)	0	0	**19**	5 (83.33%)	1 (16.67%)	0	**6**	2 (40%)	1 (20%)	2 (40%)	**5**	8 (28.57%)	7 (50%)	13 (46.43%)	**28**	34 (58.62%)	9 (15.52%)	15 (25.86%)	**58**
E	19 (100%)	0	0	**19**	3 (50%)	2 (33.33%	1 (16.67%)	**6**	3 (60%)	0	2 (40%)	**5**	8 (28.57%)	5 (17.86%)	15 (53.57%)	**28**	33 (56.90%)	7 (12.07%)	18 (31.03%)	**58**
F	19 (100%)	0	0	**19**	3 (50%)	3 (50%)	0	**6**	3 (60%)	0	2 (40%)	**5**	11 (32.29%)	4 (14.29%)	13 (46.43%)	**28**	36 (62.07%)	7 (12.07%)	15 (25.86%)	**58**
G	19 (100%)	0	0	**19**	3 (50%)	3 (50%)	0	**6**	3 (60%)	0	2 (40%)	**5**	8 (29.63%)	6 (22.22%)	13 (48.15%)	**27**	33 (57.89%)	9 (15.79%)	15 (26.32%)	**57**
H	18 (100%)	0	0	**18**	3 (50%)	1 (16.67%)	2 (33.33%)	**6**	3 (60%)	0	2 (40%)	**5**	8 (28.57%)	6 (21.43%)	14 (50%)	**28**	32 (56.14%)	7 (12.28%)	18 (31.58%)	**57**
I	12 (63.16%)	7 (36.84%)	0	**19**	2 (33.33%)	4 (66.67%)	0	**6**	3 (60%)	0	1 (20%)	**5**	13 (46.43%)	8 (28.57%)	7 (25%)	**28**	30 (51.72%)	19 (32.76%)	8 (13.79%)	**58**
J	19 (100%)	0	0	**19**	6 (100%)	0	0	**6**	5 (100%)	0	0	**5**	23 (82.14%)	1 (3.57%)	4 (14.29%)	**28**	53 (91.38%)	1 (1.72%)	4 (6.90%)	**58**
K	19 (100%)	0	0	**19**	4 (66.67%)	2 (33.33%	0	**6**	5 (100%)	0	0	**5**	23 (82.14%)	1 (3.57%)	4 (14.29%)	**28**	51 (87.93%)	3 (5.17%)	4 (6.90%)	**58**
L	16 (84.21%)	3 (15.79%)	0	**19**	1 (16.67%)	5 (83.33%)	0	**6**	5 (100%)	0	0	**5**	21 (75%)	2 (7.14%)	5 (17.86%)	**28**	43 (74.14%)	10 (17.24%)	5 (8.62%)	**58**
M	11 (57.89%)	8 (42.11%)	0	**19**	2 (33.33%)	3 (50%)	1 (16.67%)	**6**	3 (60%)	0	1 (20%)	**5**	17 (60.71%)	5 (17.86%)	6 (21.43%)	**28**	33 (56.90%)	16 (27.59%)	8 (13.79%)	**58**
N	14 (73.68%)	5 (26.32%)	0	**19**	2 (33.33%)	3 (50%)	1 (16.67%)	**6**	5 (100%)	0	0	**5**	25 (89.29%)	0	3 (10.71%)	**28**	46 (79.31%)	8 (13.79%)	4 (6.90%)	**58**
O	13 (76.47%)	4 (23.53%)	0	**17**	2 (33.33%)	3 (50%)	1 (16.67%)	**6**	5 (100%)	0	0	**5**	21 (75%)	2 (7.14%)	5 (17.86%)	**28**	41 (73.21%)	9 (16.07%)	6 (10.71%)	**56**
P	11 (57.89%)	8 (42.11%)	0	**19**	2 (33.33%)	3 (50%)	1 (16.67%)	**6**	5 (100%)	0	0	**5**	18 (64.29%)	4 (14.29%)	6 (21.43%)	**28**	36 (62.07%)	15 (25.86%)	7 (12.07%)	**58**
Q	12 (66.67%)	6 (33.33%)	0	**18**	2 (33.33%)	4 (66.67%)	0	**6**	5 (100%)	0	0	**5**	19 (67.86%)	4 (14.29%)	5 (17.86%)	**28**	38 (66.67%)	14 (24.56%)	5 (8.77%)	**57**
R	9 (47.37%)	10 (52.63%)	0	**19**	2 (33.33%)	4 (66.67%)	0	**6**	3 (60%)	2 (40%)	0	**5**	21 (75%)	4 (14.29%)	3 (10.71%)	**28**	35 (60.34%)	20 (34.48%)	3 (5.17%)	**58**
S	15 (78.95%)	4 (21.05%)	0	**19**	2 (33.33%)	4 (66.67%)	0	**6**	5 (100%)	0	0	**5**	18 (64.29%)	3 (10.71%)	7 (25%)	**28**	40 (68.97%)	11 (18.97%)	7 (12.07%)	**58**
T	12 (63.16%)	7 (36.84%)	0	**19**	1 (16.67%)	3 (50%)	2 (33.33%)	**6**	5 (100%)	0	0	**5**	17 (60.71%)	3 (10.71%)	8 (28.57%)	**28**	35 (60.34%)	13 (23.41%)	10 (17.24%)	**58**
U	17 (89.47%)	2 (10.53%)	0	**19**	3 (50%)	3 (50%)	0	**6**	5 (100%)	0	0	**5**	20 (74.07%)	1 (3.70%)	6 (22.22%)	**27**	45 (78.95%)	6 (10.53%)	6 (10.53%)	**57**
V	15 (78.95%)	4 (21.05%)	0	**19**	1 (16.67%)	5 (83.33%)	0	**6**	5 (100%)	0	0	**5**	18 (64.29%)	3 (10.71%)	7 (25%)	**28**	39 (67.24%)	12 (20.69%)	7 (12.07%)	**58**
W	17 (89.47%)	2 (10.53%)	0	**19**	3 (50%)	1 (16.67%)	2 (33.33%	**6**	4 (80%)	0	1 (20%)	**5**	11 (39.29%)	5 (17.86%)	12 (42.86%)	**28**	35 (60.34%)	8 (13.79%)	15 (25.86%)	**58**

X	12 (60%)	8 (40%)	0	**20**	2 (33.33%)	2 (33.33%)	2 (33.33%)	**6**	4 (80%)	1 (20%)	0	**5**	20 (71.43%)	7 (25%)	1 (3.57%)	**28**	38 (64.40%)	18 (30.51%)	3 (5.08%)	**59**
Y	15 (75%)	5 (25%)	0	**20**	2 (33.33%)	2 (33.33%	2 (33.33%)	**6**	5 (100%)	0	0	**5**	23 (82.14%)	3 (10.71%)	2 (7.14%)	**28**	45 (76.27%)	10 (16.95%)	4 (6.78%)	**59**
Z	14 (70%)	6 (30%)	0	**20**	2 (33.33%)	2 (33.33%)	2 (33.33%)	**6**	4 (80%)	1 (20%)	0	**5**	23 (82.14%)	3 (10.71%)	2 (7.14%)	**28**	43 (72.88%)	12 (20.34%)	4 (6.78%)	**59**
AA	16 (80%)	4 (20%)	0	**20**	2 (33.33%)	1 (16.67%)	3 (50%)	**6**	3 (60%)	1 (20%)	1 (20%)	**5**	13 (46.43%)	7 (25%)	8 (28.57%)	**28**	34 (57.63%)	13 (22.03%)	12 (20.34%)	**59**
AB	17 (89.47%)	2 (10.53%)	0	**19**	2 (33.33%)	1 (16.67%)	3 (50%)	**6**	4 (80%)	0	1 (20%)	**5**	22 (78.57%)	0	6 (21.43%)	**28**	45 (77.59%)	3 (5.17%)	10 (17.24%)	**58**
AC	19 (95%)	1 (5%)	0	**20**	2 (33.33%)	1 (16.67%)	3 (50%)	**6**	5 (100%)	0	0	**5**	25 (89.29%)	1 (3.57%)	2 (7.14%)	**28**	51 (86.44%)	3 (5.08%)	5 (8.47%)	**59**
AD	19 (95%)	1 (5%)	0	**20**	2 (33.33%)	1 (16.67%)	3 (50%)	**6**	4 (80%)	0	1 (20%)	**5**	24 (85.71%)	1 (3.57%)	3 (10.71%)	**28**	49 (83.05%)	3 (5.08%)	7 (11.86%)	**59**
AE	19 (95%)	1 (5%)	0	**20**	2 (33.33%)	1 (16.67%)	3 (50%)	**6**	4 (80%)	1 (20%)	0	**5**	22 (78.57%)	3 (10.71%)	3 (10.71%)	**28**	47 (79.66%)	6 (10.17%)	6 (10.17%)	**59**
AF	16 (80%)	4 (20%)	0	**20**	2 (33.33%)	2 (33.33%)	2 (33.33%)	**6**	5 (100%)	0	0	**5**	20 (71.43%)	3 (10.71%)	5 (17.86%)	**28**	43 (72.88%)	9 (15.25%)	7 (11.86%)	**59**
AG	16 (84.21%)	3 (15.79%)	0	**19**	1 (20%)	1 (20%)	3 (60%)	**5**	5 (100%)	0	0	**5**	23 (82.14%)	1 (3.57%	4 (14.29%)	**28**	45 (78.95%)	5 (8.77%)	7 (12.28%)	**57**
AH	15 (83.33%)	3 (16.67%)	0	**18**	2 (33.33%)	1 (16.67%)	3 (50%)	**6**	3 (60%)	1 (20%)	1 (20%)	**5**	22 (78.57%)	3 (10.71%)	3 (10.71%)	**28**	42 (73.68%)	8 (14.04%)	7 (12.28%)	**57**
AI	19 (100%)	0	0	**19**	2 (33.33%)	0	4 (66.67%)	**6**	5 (100%)	0	0	**5**	10 (35.71%)	3 (10.71%)	15 (53.57%)	**28**	36 (62.07%)	3 (5.17%)	19 (32.76%)	**58**
AJ	9 (47.37%)	10 (52.63%)	0	**19**	2 (33.33%)	1 (16.67%)	3 (50%)	**6**	4 (80%)	0	1 (20%)	**5**	14 (50%)	3 (10.71%)	11 (39.29%)	**28**	29 (50%)	14 (24.14%)	15 (25.86%)	**58**
AK	13 (65%)	7 (35%)	0	**20**	2 (33.33%)	1 (16.67%)	3 (50%)	**6**	4 (80%)	0	1 (20%)	**5**	19 (70.37%)	3 (11.11%)	5 (18.52%)	**27**	38 (65.52%)	11 (18.97%)	9 (15.52%)	**58**
AL	12 (63.16%)	7 (36.84%)	0	**19**	2 (33.33%)	1 (16.67%)	3 (50%)	**6**	5 (100%)	0	0	**5**	19 (67.86%)	4 (14.29%)	5 (17.86%)	**28**	38 (65.52%)	12 (20.69%)	8 (13.79%)	**58**
AM	13 (68.42%)	6 (31.58%	0	**19**	4 (66.67%)	0	2 (33.33%)	**6**	4 (80%)	0	1 (20%)	**5**	17 (60.71%)	3 (10.71%)	8 (28.57%)	**28**	38 (65.52%)	9 (15.52%)	11 (18.97%)	**58**
AN	6 (33.33%)	12 (66.67%)	0	**18**	2 (33.33%)	3 (50%)	1 (16.67%)	**6**	3 (60%)	1 (20%)	1 (20%)	**5**	14 (50%)	8 (28.57%)	6 (21.43%)	**28**	25 (43.86%)	24 (42.11%)	8 (14.04%)	**57**
AO	7 (36.84%)	12 (63.16%)	0	**19**	3 (50%)	3 (50%)	0	**6**	2 (40%)	2 (40%)	1 (20%)	**5**	19 (67.86%)	6 (21.43%)	3 (10.71%)	**28**	31 (53.45%)	23 (39.66%)	4 (6.90%)	**58**

Statement	Registered Nurses				Health AHP				Health Other				Combined			
	Agree	Disagree	N/A	Total	Agree	Disagree	N/A	Total	Agree	Disagree	N/A	Total	Agree	Disagree	N/A	Total
A	38 (63.33%)	20 (33.33%)	2 (3.33%)	**60**	5 (23.81%)	11 (52.38%)	5 (23.81%)	**21**	4 (44.44%)	0	5 (55.56%)	**9**	47 (52.22%)	31 (34.44%)	12 (13.33%)	**90**
B	42 (70%)	18 (30.00%)	0	**60**	11 (55.00%)	5 (25%)	4 (20.00%)	**20**	5 (55.56%)	1 (11.11%)	3 (33.33%)	**9**	58 (65.17%)	24 (26.97%)	7 (7.87%)	**89**
C	12 (20%)	40 (66.67%)	8 (13.33%)	**60**	1 (4.76%)	10 (47.62%)	10 (47.62%)	**21**	2 (22.22%)	3 (33.33%)	4 (44.44%)	**9**	15 (16.67%)	53 (58.89%)	22 (24.44%)	**90**
D	20 (33.90%)	36 (61.02%)	3 (5.08%)	**59**	1 (4.76%)	9 (42.86%)	11 (52.38%)	**21**	2 (22.22%)	1 (11.11%)	6 (66.67%)	**9**	23 (25.84%)	46 (51.69%)	20 (22.47%)	**89**
E	22 (36.67%)	29 (48.33%)	9 (15.00%)	**60**	3 (14.29%)	7 (33.33%)	11 (52.38%)	**21**	1 (11.11%)	2 (22.22%)	6 (66.67%)	**9**	26 (28.89%)	38 (42.22%)	26 (28.89%)	**90**
F	17 (27.87%)	35 (57.38%)	9 (14.75%)	**61**	0	7 (31.82%)	15 (68.18%)	**22**	2 (22.22%)	1 (11.11%)	6 (66.67%)	**9**	19 (20.65%)	43 (46.74%)	30 (32.61%)	**92**
G	10 (16.39%)	38 (62.30%)	13 (21.31%)	**61**	0	7 (31.82%)	15 (68.18%)	**22**	1 (11.11%)	1 (11.11%)	7 (77.78%)	**9**	11 (11.96%)	46 (50%)	35 (38.04%)	**92**
H	13 (22.41%)	29 (50.00%)	16 (27.59%)	**58**	0	6 (28.57%)	15 (71.43%)	**21**	0	2 (22.22%)	7 (77.78%)	**9**	13 (14.77%)	37 (42.05%)	38 (43.18%)	**88**
I	21 (34.43%)	32 (52.46%)	8 (13.11%)	**61**	3 (13.64%)	9 (40.91%)	10 (45.45%)	**22**	1 (11.11%)	2 (22.22%)	6 (66.67%)	**9**	25 (27.17%)	43 (46.74%)	24 (26.09%)	**92**
J	45 (75%)	10 (16.67%)	5 (8.33%)	**60**	7 (31.82%)	6 (27.27%)	9 (40.91%)	**22**	3 (33.33%)	3 (33.33%)	3 (33.33%)	**9**	55 (60.44%)	19 (20.88%)	17 (18.68%)	**91**
K	41 (67.21%)	14 (22.95%)	6 (9.84%)	**61**	9 (40.91%)	6 (27.27%)	7 (31.82%)	**22**	2 (22.22%)	2 (22.22%)	5 (55.56%)	**9**	52 (56.52%)	22 (23.91%)	18 (19.57%)	**92**
L	29 (47.54%)	28 (45.90%)	4 (6.56%)	**61**	6 (27.27%)	10 (45.45%)	6 (27.27%)	**22**	2 (22.22%)	3 (33.33%)	4 (44.44%)	**9**	37 (40.22%)	41 (44.57%)	14 (15.22%)	**92**
M	23 (39.66%)	24 (41.38%)	11 (18.97%)	**58**	2 (9.52%)	7 (33.33%)	12 (57.14%)	**21**	1 (11.11%)	2 (22.22%)	5 (55.56%)	**8**	26 (29.89%)	33 (37.93%)	28 (32.18%0	**87**
N	30 (51.72%)	23 (39.66%)	5 (8.62%)	**58**	3 (13.64%)	9 (40.91%)	10 (45.45%)	**22**	1 (11.11%)	3 (33.33%)	5 (55.56%)	**9**	34 (38.20%)	35 (39.33%)	20 (22.47%)	**89**
O	31 (51.67%)	22 (36.67%)	7 (11.67%)	**60**	2 (9.09%)	8 (36.36%)	12 (54.55%)	**22**	1 (11.11%)	1 (11.11%)	7 (77.78%)	**9**	34 (37.36%)	31 (34.07%)	26 (28.57%)	**91**
P	29	24 (39.34%)	8 (13.11%)	**61**	6 (27.27%)	8 (36.36%)	8 (36.36%)	**22**	0	2 (22.22%)	7	**9**	35	34 (36.96%)	23 (25%)	**92**

	(47.54 %)										(77.78%)		(38.04%)			
Q	33 (55.00 %)	20 (33.33%)	7 (11.67%)	**60**	3 (14.29%)	11 (52.38%)	7 (33.33%)	**21**	0	2 (22.22%)	7 (77.78%)	**9**	36 (40%)	33 (36.67%)	21 (23.33%)	**90**
R	39 (66.10 %)	15 (25.42%)	5 (8.47%)	**59**	8 (36.36%)	10 (45.45%)	4 (18.18%0	**22**	3 (33.33%)	4 (44.44%)	1 (11.11%)	**8**	50 (56.18%)	29 (32.58%)	10 (11.24%)	**89**
S	30 (52.63 %)	21 (36.84%)	6 (10.53%)	**57**	5 (22.73%)	9 (40.91%)	8 (36.36%)	**22**	2 (22.22%)	2 (22.22%)	4 (44.44%)	**8**	37 (42.53%)	32 (36.78%)	18 (20.69%)	**87**
T	31 (52.54 %)	22 (37.29%)	6 (10.17%)	**59**	4 (18.18%)	8 (36.36%)	10 (45.45%)	**22**	1 (11.11%)	2 (22.22%)	5 (55.56%)	**8**	36 (40.45%)	32 (35.96%)	21 (23.60%)	**89**
U	32 (53.33 %)	23 (38.33%)	5 (8.33%)	**60**	5 (22.73%)	11 (50%)	6 (27.27%)	**22**	1 (11.11%)	2 (22.22%)	6 (66.67%)	**9**	38 (41.76%)	36 (39.56%)	17 (18.68%)	**91**
V	24 (40.00 %)	28 (46.67%)	8 (13.33%)	**60**	2 (9.09%)	11 (50%)	9 (40.91%0	**22**	0	3 (33.33%)	6 (66.67%)	**9**	26 (28.57%)	42 (46.15%)	23 (25.27%)	**91**
W	19 (31.67 %)	30 (50.00%)	11 (18.33%)	**60**	3 (13.64%)	10 (45.45%)	9 (40.91%)	**22**	0	3 (33.33%)	6 (66.67%)	**9**	22 (24.18%)	43 (47.25%)	26 (28.57%)	**91**
X	26 (42.62 %)	26 (42.62%)	9 (14.75%)	**61**	2 (9.52%)	11 (52.38%)	8 (38.10%)	**21**	1 (11.11%)	1 (11.11%)	7 (77.78%)	**9**	29 (31.87%)	38 (41.76%)	24 (26.37%)	**91**
Y	43 (72.88 %)	8 (13.56%)	8 (13.56%)	**59**	5 (23.81%)	8 (38.10%)	8 (38.10%)	**21**	1 (11.11%)	4 (44.44%)	4 (44.44%)	**9**	49 (55.06%)	20 (22.47%)	20 (22.47%)	**89**
Z	39 (65.00 %)	10 (16.67%)	11 (18.33%)	**60**	1 (4.76%)	10 (47.62%)	9 (42.86%)	**21**	0	3 (33.33%)	6 (66.67%)	**9**	40 (44.44%)	23 (25.56%)	26 (28.89%)	**90**
AA	24 (42.11 %)	17 (29.82%)	16 (28.07%)	**57**	1 (4.76%)	10 (47.62%)	10 (47.62%)	**21**	0	2 (22.22%)	7 (77.78%)	**9**	25 (28.74%)	29 (33.33%)	33 (37.93%)	**87**
AB	41 (68.33 %)	7 (11.67%0	12 (20.00%)	**60**	9 (42.86%)	4 (19.05%)	8 (38.10%)	**21**	1 (11.11%)	3 (33.33%)	5 (55.56%)	**9**	51 (56.67%)	14 (15.56%)	25 (27.78%)	**90**
AC	49 (83.05 %)	3 (5.08%)	7 (11.86%)	**59**	4 (18.18%)	8 (36.36%)	10 (45.45%)	**22**	2 (22.22%)	2 (22.22%)	5 (55.56%)	**9**	55 (61.11%)	13 (14.44%)	22 (24.44%)	**90**
AD	47 (79.66 %)	4 (6.78%)	8 (13.56%)	**59**	2 (9.09%)	6 (27.27%)	14 (63.64%)	**22**	1 (11.11%)	1 (11.11%)	7 (77.78%)	**9**	50 (55.56%)	11 (12.22%)	29 (32.22%)	**90**
AE	49 (83.05 %)	2 (3.39%)	8 (13.56%)	**59**	6 (27.27%)	6 (27.27%)	10 (45.45%)	**22**	1 (11.11%)	3 (33.33%)	5 (55.56%)	**9**	56 (62.22%)	11 (12.22%)	23 (25.56%)	**90**
AF	41 (69.49 %)	9 (15.25%)	9 (15.25%)	**59**	3 (14.29%)	7 (33.33%)	11 (52.38%)	**21**	0	4 (44.44%)	5 (55.56%)	**9**	44 (49.44%)	20 (22.47%)	25 (28.09%)	**89**
AG	46	6 (10.00%)	8 (13.33%)	**60**	0	6 (28.57%)	15 (71.43%)	**21**	1 (11.11%)	1 (11.11%)	7	**9**	47	13 (14.44%)	30 (33.33%)	**90**

	(76.67 %)										(77.78%)		(52.22%)			
AH	47 (79.66 %)	7 (11.86%)	5 (8.47%)	**59**	7 (31.82%)	6 (27.27%)	9 (40.91%)	**22**	3 (33.33%)	2 (22.22%)	4 (44.44%)	**9**	57 (63.33%)	15 (16.67%)	18 (20%)	**90**
AI	25 (42.37 %)	14 (23.73%)	22 (37.29%)	**59**	0	6 (27.27%)	16 (72.73%)	**22**	1 (11.11%)	2 (22.22%)	6 (66.67%)	**9**	26 (28.89%)	22 (24.44%)	44 (48.89%)	**90**
AJ	23 (38.33 %)	24 (40.00%)	13 (21.67%)	**60**	0	6 (27.27%)	16 (72.73%)	**22**	1 (11.11%)	3 (33.33%)	5 (55.56%)	**9**	24 (26.37%)	33 (36.26%)	34 (37.36%)	**91**
AK	36 (61.02 %)	15 (25.42%)	8 (13.56%)	**59**	1 (4.76%)	5 (23.81%)	15 (71.43%)	**21**	0	3 (33.33%)	6 (66.67%)	**9**	37 (41.57%)	23 (25.84%)	29 (32.58%)	**89**
AL	38 (64.41 %)	14 (23.73%)	7 (11.86%)	**59**	0	8 (36.36%)	14 (63.64%)	**22**	0	4 (44.44%)	5 (55.56%)	**9**	38 (42.22%)	26 (28.89%)	26 (28.89%)	**90**
AM	52 (85.25 %)	3 (4.92%)	6 (9.84%)	**61**	0	7 (33.33%)	14 (66.67%)	**21**	1 (11.11%)	1 (11.11%)	7 (77.78%)	**9**	53 (58.24%)	11 (12.09%)	27 (29.67%)	**91**
AN	22 (37.29 %)	28 (47.46%)	9 (15.25%)	**59**	0	10 (45.45%)	12 (54.55%)	**22**	0	3 (33.33%)	6 (66.67%)	**9**	22 (24.44%)	41 (45.56%)	27 (30%)	**90**
AO	26 (42.62 %)	30 (49.18%)	5 (8.20%)	**61**	3 (13.64%)	13 (59.09%)	6 (27.27%)	**22**	2 (22.22%)	4 (44.44%)	3 (33.33%)	**9**	31 (33.70%)	47 (51.09%)	14 (15.22%)	**92**

Key contact and organisational information
NOTE: Information for four key contacts was blank and hence responses were copied across from previous responses where the same/similar question was asked.

6.1 Responses from key contacts

Location	Primary & Palliative Care	Community Care (Health & Social)	Total number of responses
North Manchester	8 (47.06%)	2 (8.70%)	**10 (25%)**
Central Manchester	3 (17.65%)	3 (13.04%)	**6 (15%)**
South Manchester	3 (17.65%)	13 (56.52%)	**16 (40%)**
City-wide	3 (17.65%)	5 (21.74%)	**8 (20%)**
Total	17	23	**40**

6.2 Frequency of cancer care

How frequently does your service/organisation deliver cancer care?	Primary & Palliative Care	Community Care (Health & Social)	Total number of responses
Never	0	1 (4.55%)	**1 (2.56%)**
Rarely	0	4 (18.18%)	**4 (10.26%)**
Sometimes (e.g. monthly)	3 (17.65%)	4 (18.18%)	**7 (17.95%)**
Regularly (e.g. weekly)	4 (23.53%)	7 (31.82%)	**11 (28.21%)**
Daily	10 (58.82%)	6 (27.27%)	**16 (41.03%)**
Blank	0	1 (4.55%)	**1 (2.56%)**

6.3 Commissioning of cancer-specific education

As an organisation/service, have you commissioned any cancer care or communication skills training/education in the last two years for individuals or groups of staff?	Primary & Palliative Care	Community Care (Health & Social)	Total number of responses
Yes	7 (41.18%)	6 (26.09%)	**13 (43.33%)**
No	10 (58.82%)	15 (65.22%)	**25 (83.33%)**
Blank	0	2 (8.70%)	**2 (6.67%)**

Appendix 8: Workforce Composition

Data collected from:

Location	Primary & Palliative Care	Community Care (Health & Social)	Total number of responses
North Manchester	7 (33.33%)	2 (6.90%)	**9 (18.37%)**
Central Manchester	4 (19.05%)	3 (10.34%)	**7 (14.29%)**
South Manchester	5 (23.81%)	14 (48.28%)	**19 (38.78%)**
City-wide	5 (23.81%)	10 (34.48%)	**14 (28.57%)**
Total	21	29	**50**

Data collected by:

Location	Primary & Palliative Care	Community Care (Health & Social)	Total number of responses
Paper-based survey scoping	0	4 (12.5%)	**4 (7.41%)**
Telephone based interviews	6 (27.27%)	4 (12.5%)	**10 (18.52%)**
Key contact survey responses	14 (63.64%)	22 (68.75%)	**36 (66.67%)**
Blanks (key contacts responded but did not enter data for workforce composition)	2 (9.09%)	2 (6.25%)	**4 (7.41%)**
Total	22	32	**54**

Primary Care GP Practices

- Data received from 12 primary care practices on workforce composition. 8 came from survey key contacts, 4 were completed through telephone-based interviews.
- There are 97 primary care practices in Manchester identified from data provided to us to by each CCG during the project scoping.
- The 12 responses provided enough of a sample to develop a mean estimate of composition in primary care.
- The staffing structure of GP practices is broadly similar; we extrapolated the mean to cover 97 practices.
- This has produced an estimate of total numbers of staff working in primary care in Manchester.

Sample composition of a GP practice

Reception Administrative Clerical	Unregistered Healthcare Support Worker or Assistant	Unregistered Social Care Support worker or Assistant	Social Worker	Registered Nurse	Doctor
8	1	0	0	3	5

Composition extrapolated to 97 practices

Reception Administrative Clerical	Unregistered Healthcare Support Worker or Assistant	Unregistered Social Care Support worker or Assistant	Social Worker	Registered Nurse	Doctor
728	121	12	12	255	476

Out of Hours Care Service

- We have a precise picture for this service as there is only one for Manchester.
- We contacted GoToDoc for a telephone based interview, and the service lead also completed the key contact survey.

Composition of Out of Hours Service

Reception Administrative Clerical	Registered Nurse	Doctor
104	80	150

Palliative services

- Data received from 7 palliative care services. 5 from the survey responses, 2 from telephone interviews.
- Of these responses, 4 identified themselves as hospice staff, and 3 said they were part of a hospital based palliative care team.
- Therefore the data was separated into hospital and hospice and a typical composition produced for each of these.
- Our project scoping identified 8 hospital based palliative care teams, therefore the data has been extrapolated x8.
- Our project scoping identified 4 hospices, therefore the data has been extrapolated x4.

Sample composition of a hospital based palliative team:

Reception Administrative Clerical	Occupational Therapist	Registered Nurse	Doctor	Other*
1	1	7	1	1

*Other staff free text entered:

- Chaplain
- Speech and Language Therapist

Composition extrapolated to eight teams

Reception Administrative Clerical	Occupational Therapist	Registered Nurse	Doctor	Other*
8	8	54	8	8

Sample composition of a hospice team:

Reception Administrative Clerical	Healthcare Support Worker or Assistant	Occupational Therapist Dietician	Physio	Social Worker	Registered Nurse	Doctor	Other*
1	3	2	1	2	3	2	4

*Other staff free text entered

- Assistant Practitioner
- Speech and Language Therapist
- Chaplain

- Creative Therapist
- Key workers
- Hairdresser
- Lymphoedema Specialist
- Volunteer

Sample extrapolated to four teams:

Reception Administrative Clerical	Healthcare Support Worker or Assistant	Occupational Therapist Dietician	Physio	Social Worker	Registered Nurse	Doctor	Other*
4	12	8	4	8	12	8	16

Community Services

- 19 responses received from community service organisations about their workforce composition.
- 16 of these in the survey responses, 3 from telephone interviews.
- Because of the very heterogeneous nature, focus and structure of community organisations it is not deemed as suitable to extrapolate this sample across the whole community spectrum.
- Therefore, the organisations have been grouped and a sample composition produced for each group.

Sample of a hospital based care team:

Reception Administrative Clerical	Healthcare Support Worker or Assistant	Occupational Therapist Dieticians	Physio	Registered Nurse	Doctor	Other
1	2	1	1	6	3	0

Cancer Information and Support Teams:

Reception Administrative Clerical	Healthcare Support Worker or Assistant	Occupational Therapist Dietician	Registered Nurse	Other*
1	2	1	1	5

*Other staff free text entered

- Community Outreach Worker
- Information Project Manager
- Volunteer

Miscellaneous community organisations:
Central Manchester Community Nutrition Service – staffed only by an unspecified number of dieticians.

Social Care Services

- We had information on workforce composition from 11 organisations within this sector.
- This data could be separated into five types of organisation. These were Homecare Services, Drug Care Management Team, Customer Access Children & Families, MCC Reablement Service North, and Primary Assessment Team.
- The Homecare Services data was collated by a mixture of survey responses from key contacts, telephone based interviews and information obtained when scoping out the paper-based surveys.

Homecare Services teams:

Sample composition of a Homecare Services team

Reception Administrative Clerical	Social Care Support worker or Assistant	Social Worker	Registered Nurse	Primary Assessment Officers
2	63	1	2	1

Sample extrapolated to 11 organisations:

Reception Administrative Clerical	**Social Care Support worker or Assistant**	**Social Worker**	**Registered Nurse**	**Primary Assessment Officers**
22	693	11	22	11

Reablement Service teams:

Sample composition from Reablement Service North:

Social Care Support worker or Assistant	**Reablement Managers**	**Other***
59	7	4

*Other staff free text entered

- Assistant Practitioner

Sample extrapolated to North, Central and South Reablement Service teams:

Social Care Support worker or Assistant	**Reablement Managers**	**Other***
177	21	12

Miscellaneous community sample team responses

Drug Care Management Team (Directorate for Children & Families)

Social Worker	**Other***
6	2

*Other staff free text entered

- Care Manager

Customer Access Children & Families

Other
30

*Other staff free text entered

- Contact Officer

Primary Assessment Team (PAT) Assessor (Directorate of Families, Health and Well Being)

Primary Assessment Officers
10

Collated Workforce Data
(Please refer to assumptions made above in developing this data and issues relating to community services. This table has excluded data entered as ‘other’)

	Social Care	Community Care	Primary Care	Palliative Care	Out of Hours	Total
Administrative & Reception	22	2	728	12	104	868
Unregistered Support Workers in Health & Social Care*	912	4	133	12		1061
Registered Professionals in Health & Social Care (Nurses & Allied Professionals)	39	10	267	94	80	490
Registered Professionals in Health & Social Care (GPs & doctors)		3	476	16	150	645

*includes Primary Assessment Officers and Reablement Managers

Appendix 9: Learning and development education scoping

Course Name	Educational Area					Provider	Course Objectives
	C	ED	AO	S	PC		
Spikes Plus	X					Maguire Communication Skills Unit	Build on knowledge & skills in delivering significant information
Connected Advanced Communication Skills	X					Maguire Communication Skills Unit	Develop advanced communication skills for dealing with complex and challenging communication situations
Enhanced Communication Skills						Maguire Communication Skills Unit	Enhance skills for communicating effectively with patients and their families in difficult situations
Cancer Care Awareness	X					Royal Marsden	
Mastering shared decision-making	X					Medical Protection Society	Improving skills in helping patients make appropriate and informed choices.
Mastering difficult interactions with patients	X					Medical Protection Society	Explores the causes of difficult interactions and provides techniques to effectively handle these situations
Clinical Communication Programme	X					Medical Protection Society	Interpersonal skills programme to enhance communication skills, behaviour and attitudinal change
Effective patient communication skills workshop	X					MDU	Improving communication skills of doctors
Communication skills for trainees	X					Royal College of Physicians	Developing communication skills of doctors
Advanced communication skills in practice						Sheffield Hallam University	Application of advanced communication skills to enhance compassion and competence in dealing with patients
Communication Skills: Foundation							
Foundation level communication skills	X					Maguire Communication Skills Unit	To enable staff to communicate in a way which ensures that patients feel their perspective has been heard
Understanding loss and grief	X				X	Building Capacity Unit	An in-depth understanding of the significant feelings an individual is faced with when dealing with loss and grief.
Putting the patient first	X					National Performance Advisory Group	Reinforcing customer care best practice so that patients receive the best possible experience Putting the Patient First:
Sage & Thyme Foundation	X					UHSM	Enable staff to listen and respond to people

							in distress
Basic communication skills for frontline staff	X					St Christopher's Hospice Sydenham	
Communication skills for administrative staff						eELCA	Examines principles of good communication
Early Diagnosis							
Screening: courses on breast, bowel and cervical cancer Detection: courses on early diagnosis of cancer, and specific courses on bone, prostate, ovarian, pancreatic & brain tumours in children.		X				RCGP	Information on NHS screening & role GPs can play in promoting screening and early cancer detection
How to use a bowel screening kit		X				Macmillan Cancer Support	To give information on how to use a bowel screening kit
Breast Screening		X				Macmillan Cancer Support	Information on breast screening and early symptoms of breast cancer
Cancer in primary care		X				Macmillan Cancer Support	Diagnosis and support for patients with cancer for GPs
Talk Cancer		X				Cancer Research UK	1. Increase knowledge of cancer prevention, screening & early diagnosis 2. Build confidence in talking to the public about cancer 3. Encourage people to make lifestyle changes, access local services & visit GP promptly
Breast Awareness Training		X				Breast Cancer Care	To enhance knowledge and skills in breast awareness
Acute Oncology							
Acute Clinical Oncology			X			University of Liverpool	To develop the practitioner's in-depth knowledge of assessment and management of acute oncological presentations to both general hospitals and specialist cancer units.
Acute oncology: scenario based learning			X			The Christie	To help delegates to understand and manage acute problems caused by cancer, conditions caused by systemic anti-cancer treatments & adverse reactions from radiotherapy treatments
Community Acute Oncology			X			The Christie	To enable delegates to identify clear rationale

							for priorities in community acute oncology care, as well as develop their knowledge and skills relating to the early recognition, assessment and immediate or emergency management of conditions
Management of breakthrough cancer pain			X			The Christie	To present an up to date view on the latest techniques in management of different aspects of cancer breakthrough pain
Can we talk about work?			X			Macmillan	To be able to answer questions about employment and cancer
Breathlessness			X			Macmillan	How to help patients and their families manage breathlessness more effectively. A set of practical tools for clinicians and non-specialists to raise awareness of breathlessness and aid those living with its effects.
Introduction to Cancer			X			Macmillan	Basic introduction to cancer, diagnosis, treatment and financial, emotional and practical impact
Neutropenic sepsis			X			Macmillan	Examining issues around neutropenic sepsis
Survivorship							
Long term follow up of survivors of childhood cancer				X		RCGP	To increase knowledge about the late effects and needs of survivors of childhood cancers
PGCert Cancer Survivorship includes 2 modules: The Impact of Cancer and its Treatment (30 credits); Support to Live with and Beyond Cancer (30 credits)						University of Salford	Critically appraise the complex issues associated with cancer survivors and their families. Gain the appropriate knowledge and skills to adjust to the cultural shift in the approach to care and support for people living with and beyond cancer
Body image and cancer				X		Macmillan	Recognise how cancer and its treatment affects patients' body image and how you can give support
Late effects				X		Macmillan	Looks at the late effects of cancer treatment and signposts to sources of information and support
Nutrition for survivors beyond cancer				X		Macmillan	Increase knowledge and understanding of nutrition as part of the care for cancer

							survivors
Survivorship				X		Macmillan	Learn about survivorship and how to sign post patients to sources of help and support
Palliative Care							
Practical palliative care for general practitioners & prescribers					X	University of Teesside	Improve skills in practical management of patients with non-curative & terminal illness, & some aspects of cancer care.
Palliative Care in Manchester					X	The Christie	Understanding key challenges for palliative and supportive care in Manchester. Improving patient experience of EoL care.
Lessons Learnt					X	Macmillan	Understanding key issues in supporting patients and carers at the end of life
Macmillan Durham Cachexia Pack					X	Macmillan	Assessment and management of problems and eating and weight loss in patients with cachexia
Introduction to palliative care for people with cancer & long term conditions					X	University of Teesside	Enhance interaction with patient & relatives, and confidence dealing with patient and relatives
Promoting effective practice in palliative care (40 credits level 6/ 30 credits level 7)					X	University of Manchester	To increase knowledge and skills of staff caring for palliative care patients and their patients
Out of hours palliative care					X	Macmillan	Topics useful for staff providing out of hours palliative care
Advance Care Planning					X	Maguire Communication Skills Unit	To enhance confidence in skills in initiating and managing advanced care planning conversation
Sage & Thyme - advance care planning					X	UHSM	To improve effective communication skills to open advance care planning conversations
Challenging conversations at the EOL						St Christopher's Hospice	
Advanced communication and information in supportive care						Sheffield Hallam University	To improve skills in providing psychosocial support
e-ELCA					X	Health Education England	e-ELCA aims to enhance the training and education of health and social care staff involved in delivering end of life care to people, so that well-informed high quality care can be delivered by confident and competent staff and volunteers, across health and social care, wherever the person

							happens to be.
All education areas							
GP Cancer Update Course	X	X	X	X	X	GP Update	Give latest evidence, what it means in practice & practical tips. Covers: Cancer prevention, screening, diagnosis, treatment & palliative care
Practice Nurse Cancer Course	X	X	X	X	X	Macmillan	To increase the knowledge and skills of practice nurses in managing cancer as a long term condition
Cancer Nursing – Various Courses						Cancer Nursing Organisation	The CancerNursing.org learning site is developed and managed by an educational charity with the aim of providing free education to all health professionals wherever they have an Internet connection. The courses have been written and developed by global cancer educators for the purpose of delivering their knowledge free of charge to an audience who may not have instant and free access to this information.
General							
GP Education Days		X	X			Royal Marsden	Information on various types of cancer e.g. head & neck, GI, Breast etc.
Cancer Various		X	X			National Cancer Institute	Information on various types of cancer e.g. head & neck, GI, Breast etc.
Understanding Cancer			X			National Cancer Intelligence Network	Information on screening, medical terminology, diagnosis, tests and treatments
Cancer Nursing – Various Courses	X	X	X	X	X	Cancer Nursing Organisation	The CancerNursing.org learning site is developed and managed by an educational charity with the aim of providing free education to all health professionals wherever they have an Internet connection. The courses have been written and developed by global cancer educators for the purpose of delivering their knowledge free of charge to an audience who may not have instant and free access to this information.
Prostate Cancer	X	X	X	X	X	Prostate Cancer UK	
Foundations in cancer care (40 credits	X	X	X	X	X	University of Manchester	Develop knowledge and skills in caring for

level 6/ 30 credits level 7)							patients with cancer and their families
Principles and practice of breast care (40 credits level 6/ 30 credits level 7)	X	X	X	X	X	University of Manchester	Develop knowledge and skills in caring for patients with breast cancer and their families